

IHS Periodontal Treatment Initiative EFDA Fact Sheet



History and Need of Expanded Function Dental Assistants

Traditionally, periodontal services have been provided by a licensed dentist and/or a licensed or registered dental hygienist. However, the Indian Health Service was one of the first governmental agencies or organizations that adopted the model of expanded function dental assistants (EFDAs). Starting in 1961, the IHS initially used EFDAs in providing basic restorative services to augment the services provided by dentists, and over the past several decades, EFDAs have increasingly been used to provide basic periodontal services to American Indian/Alaska Native (AI/AN) patients to augment the care provided by dentists and dental hygienists.

Access to oral health care is not evenly distributed in the United States or in Indian Country. While urban areas and larger IHS or tribal dental programs often employ one or more dental hygienists to provide preventive care and periodontal therapy to AI/ANs, many smaller programs located in more isolated areas do not have that luxury. While the IHS does employ over 400 dental hygienists as of 2015, more than two thirds of these hygienists are located in the largest (in terms of AI/AN population served) IHS-funded dental clinics. The last oral health status survey (2014) showed that 17% of AI/AN adults over the age of 35 suffer from severe periodontal disease (with pockets ≥ 5.5 mm) compared to a prevalence of just 10% for the U.S. overall, and an evaluation of data from the National Health and Nutrition Examination Survey (NHANES) in 2014 showed that prevalence of periodontal disease may even be higher, especially among those older than 35, minority populations, those at or below the federal poverty level, those with less formal education, and current smokers. With a low access to dental care in the IHS (around 25%), not enough dental hygienists in underserved areas, and many patients with some of the social and economic contributing factors leading to periodontal disease, **expanded function dental assistants (“Perio EFDAs”) are a great option to help meet the periodontal needs of AI/ANs.**



“Perio EFDAs” undergo an intensive hands-on curriculum through formal IHS continuing dental education to provide basic periodontal therapy to AI/AN patients. This fact sheet will detail that curriculum and provide IHS, tribal, and urban dental programs with information on how your program, too, can benefit from trained Perio EFDAs providing quality periodontal care for your patients.

Overall Health begins with Periodontal Health!

EFDA Fact Sheet—continued

Perio EFDA Training

Periodontal Expanded Functions—Basic

Most dental assistants who are Perio EFDAs have been trained to provide basic periodontal services. The IHS offers a one-week basic course to develop or improve skills in ultrasonic scaling. Learning objectives for this course include:

1. Relate Community Periodontal Index (CPI) scores to a need for periodontal treatment.
2. Detect disease, supra- and sub-gingival calculus.
3. Accurately code for periodontal and hygiene procedures with IHS/ADA coding.
4. Remove visible calculus through ultrasonic scaling of teeth.
5. Recommend effective toothpastes, mouthrinses and oral hygiene aids to patients.
6. Motivate patients to improve plaque removal and periodontal health.
7. Identify those at risk for periodontal breakdown.

This course, which includes online, didactic and clinical components, includes a lab with ultrasonic instrumentation on a typodont with simulated calculus. Those enrolled will also clean each other's teeth for a ½ day before seeing patients for at least 1 ½ days. Following the training, students must satisfactorily complete 20 patient cleanings at their home dental clinic within 6 months after course completion, evaluated by a preceptor, before receiving a course completion certificate by the IHS Division of Oral Health.

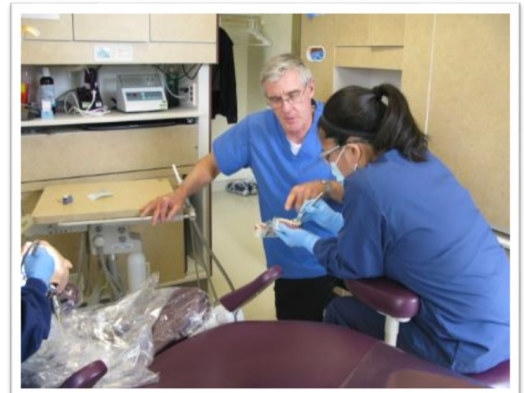
Periodontal Expanded Functions—Advanced

The advanced course is also a one-week course offered by the IHS for EFDAs who have previously taken the basic course. In addition to the learning objectives from the basic course, students also learn the following in this course:

1. Use universal scalers efficiently and atraumatically.
2. Sharpen scalers correctly and efficiently.

Like the basic course, students must complete 20 patient cleanings at their home dental clinic, documented through training progress records evaluated by a preceptor, before receiving a course completion certificate by the IHS Division of Oral Health.

Starting in FY 2016, new courses will be provided for interested dental assistants in multiple areas of the IHS. **Please check the IHS DOH CDE site for offerings.**



Overall Health begins with Periodontal Health!

EFDA Fact Sheet—continued

How can Perio EFDAs be utilized in our programs?

How are Perio EFDAs being used now?

Many IHS, Tribal, and Urban dental programs across the country currently utilize Perio EFDAs. In a recent survey of chief dentists and program managers, 98.5% of trained Perio EFDAs are being used routinely in that capacity.

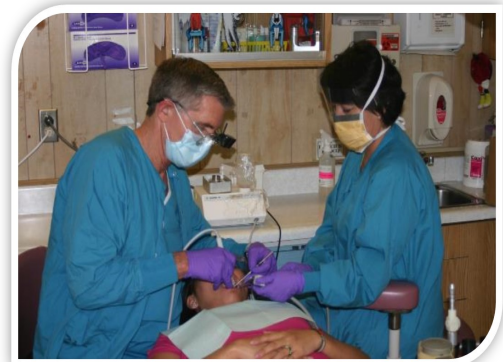
How can a Perio EFDA be used in your facility?

Even in programs with dental hygienists, Perio EFDAs can serve a vital role. While dental hygienists can focus on treating the patients with periodontal disease, the Perio EFDAs can provide services such as routine preventive prophylaxis cleanings, periodontal maintenance (working with the hygienist), oral hygiene instructions, and other preventive services (fluoride applications, sealants, dietary counseling, etc.). By using the EFDA in this way, it maximizes efficiency for both the assistant and the dental hygienist.

For programs without a dental hygienist, or with too few dental hygienists, the EFDA can provide basic scaling using ultrasonic and sonic scalers, or, if they have completed the advanced course and have demonstrated competency, they can remove visible calculus through hand scaling. By using the Perio EFDA in this way, it ensures that patients are receiving at least basic periodontal services in your facility. Perio EFDAs work under the supervision of a dentist or hygienist, and the dentist or hygienist provides a “check in” and “check out” on each patient treated by a Perio EFDA.

How much could a Perio EFDA save our clinic?

If your program is unable to hire a dental hygienist due to costs, the annual salary of a federal GS-5 Civil Service or equivalent tribal hire EFDA is approximately only 40-50% that of a dental hygienist. In addition, considering the costs of referring patients out of your program to specialists for basic periodontal care, the costs of an EFDA to take care of the basic periodontal needs of your patients is minimal.



Perio EFDAs are a cost effective resource that will help your dental program provide quality basic periodontal services to the AI/AN population you serve.

Overall Health begins with Periodontal Health!