



PERFORMANCE AUDIT REPORT

Kansas Dental Practices Act: Determining the Impact of the 1998 Changes to the Act

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
July 2007**

Legislative Post Audit Committee

Legislative Division of Post Audit

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LEGISLATIVE DIVISION OF POST AUDIT

800 SW Jackson
Suite 1200
Topeka, Kansas 66612-2212
Telephone (785) 296-3792
FAX (785) 296-4482
E-mail: LPA@lpa.state.ks.us
Website:
<http://kslegislature.org/postaudit>
Barbara J. Hinton, Legislative Post Auditor

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LEGISLATURE OF KANSAS
LEGISLATIVE DIVISION OF POST AUDIT

800 SOUTHWEST JACKSON STREET, SUITE 1200
TOPEKA, KANSAS 66612-2212
TELEPHONE (785) 296-3792
FAX (785) 296-4482
E-MAIL: lpa@lpa.state.ks.us

July 2, 2007

To: Members, Legislative Post Audit Committee

Representative Peggy Mast, Chair	Senator Nick Jordan, Vice Chair
Representative Tom Burroughs	Senator Les Donovan
Representative John Grange	Senator Anthony Hensley
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Representative Tom Sawyer	Senator Chris Steineger

This report contains the findings and conclusions from our completed performance audit, *Kansas Dental Practices Act: Determining the Impact of the 1998 Changes to the Act*.

We would be happy to discuss the findings presented in this report with any legislative committees, individual legislators, or other State officials.

Barbara J. Hinton
Legislative Post Auditor

Get the Big Picture

Read these Sections and Features:

1. **Executive Summary** - an overview of the questions we asked and the answers we found.
2. **Conclusion and Recommendations** - are referenced in the Executive Summary and appear in a box after each question in the report.
3. **Agency Response** - also referenced in the Executive Summary and is the last Appendix.

Helpful Tools for Getting to the Detail

- In most cases, an “**At a Glance**” description of the agency or department appears within the first few pages of the main report.
- **Side Headings** point out key issues and findings.
- **Charts/Tables** may be found throughout the report, and help provide a picture of what we found.
- **Narrative text boxes** can highlight interesting information, or provide detailed examples of problems we found.
- **Appendices** may include additional supporting documentation, along with the audit **Scope Statement** and **Agency Response(s)**.

EXECUTIVE SUMMARY
LEGISLATIVE DIVISION OF POST AUDIT

Overview of Dental Scaling Assistant Issues

The Kansas Dental Practices Act was amended in 1998 to address a shortage of dental hygienists. page 3
For many years, the Kansas Dental Association, as well as some dentists and hygienists, have reported a shortage of dental hygienists in Kansas. Some described the shortage as widespread, while others attributed it only to rural areas of the State.

A 1995 Attorney General Opinion concluded unlicensed individuals, such as dental assistants, could not perform any part of a routine dental cleaning, which compounded the effect of the shortage of dental hygienists. In 1998 the Act was changed to allow a specially trained dental assistant to polish and scale the visible (or supragingival) part of the tooth, but specifies that a licensed dentist or hygienist is required to complete the rest of the routine cleaning.

Kansas is the only state that allows dental assistants to perform scaling as part of a routine cleaning. Kansas also has taken steps to increase the supply of dental hygienists by developing additional dental hygiene programs.

Dental scaling assistants are subject to only minimal oversight by the Kansas Dental Board. page 5
Unlike dentists and dental hygienists, dental assistants aren't required to be licensed by the Kansas Dental Board.

State law requires a dental assistant who performs supragingival polishing and scaling to complete a course of study approved by the Kansas Dental Board, and to work under the direct supervision of a dentist. The Dental Board's administrative regulations require dental scaling assistants to submit a copy of the certificate of course completion to the Dental Board, and to report changes in work address. However, the Dental Board has no power to enforce those requirements.

Question 1: How Many Dental Scaling Assistants Are Working in Kansas, and Have They Affected the Availability of Dental Care in Underserved Areas?

There's no complete information on how many dental scaling assistants currently are working, but about 400 have reported completing the course since 1999. page 7
The Kansas Dental Board maintains a database of all dental assistants who have submitted a certificate of completion for the training required to perform supragingival polishing and scaling of teeth. As of April 2007, the Board had received a total of 400 certificates over the years.

The Board has incomplete and dated information on the status of dental scaling assistants. That's because the Board doesn't know whether everyone sends in a copy of their certificate, and it has no way to know if scaling assistants are notifying the Board when they change jobs or leave the profession altogether.

Because the Board lacks a reliable method for obtaining updated information, the database on dental scaling assistants is at best an inventory of people who completed the supragingival scaling class, and where they worked at that time. The majority of people who completed the scaling course did so within three years after the Act was changed.

At the time they completed the course, about 70% of dental scaling assistants worked in underserved areas. *Although State law doesn't require dental scaling assistants to work in underserved areas, questions have been raised about whether they are working in areas where there's a shortage of dental resources.*

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Designation as a "dental care underserved area" primarily measures a shortage of dentists. A shortage designation can apply to all residents in a defined area (such as a city or a county), or it may only apply to a select population (such as low-income residents) within an area. In 2007, Kansas had dental health shortages for all residents in 31 counties, and for low-income residents in 57 counties and the cities of Topeka and Wichita.

While about 70% of dental scaling assistants initially reported working in underserved areas, it's impossible to know whether they currently are working in those areas because there's no complete information on their current employment status. The percent of scaling assistants who initially worked in an underserved area is very similar to the percent of Kansans who live in those areas.

About two-thirds of the dentists we surveyed who regularly use scaling assistants have increased the number of patients served. *We surveyed a select sample of 186 dentists on a number of issues regarding the use of dental hygienists and scaling assistants. The survey had a response rate of 75%, and 122 of the 140 dentists who responded said they currently employ dental scaling assistants. In all, they reported employing 158 scaling assistants.*

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Of the responding dentists who regularly use dental scaling assistants, 60% of the dentists working in shortage areas, and 66% of all dentists, said they have increased the number of patients seen. Most described the increase as slight to moderate.

Although the majority of dental scaling assistants accounted for on our survey are employed full-time, most spend less than half their time performing scaling and polishing. Other duties of a dental assistant include such things as assisting the dentist during procedures, completing insurance forms and other paperwork, and other office duties.

Question 2: Are Dental Scaling Assistants Filling Jobs That Formerly Were Held By Hygienists?

We saw no evidence to suggest hygienists are being replaced by dental scaling assistants to any significant degree. page 13
A 2004 University of Missouri at Kansas City survey of dental hygienists reported that 3% of respondents thought they were unemployed as a result of the 1998 legislation that authorized dental scaling assistants. Researchers concluded that dental hygienists aren't losing their jobs to dental scaling assistants.

Eleven dentists (9%) who responded to our survey said they had replaced 13 hygienist positions with dental scaling assistants in the past. We don't know whether these were vacant positions that the dentists chose to fill with scaling assistants or whether employed hygienists lost their jobs. It's important to note that this percentage is not representative of the Statewide situation.

Officials from schools with dental hygiene programs in Kansas and Kansas City, Missouri indicated, although it may take slightly longer than in the past, placement rates of graduates haven't been affected by the existence of dental scaling assistants; they said nearly all graduates have a job in their field within six months of graduation.

Conclusion page 15

APPENDIX A: Scope Statement page 16

APPENDIX B: Agency Response page 18

This audit was conducted by Lisa Hoopes and Amy Thompson. Cindy Lash was the audit manager. If you need any additional information about the audit's findings, please contact Lisa at the Division's offices. Our address is: Legislative Division of Post Audit, 800 SW Jackson Street, Suite 1200, Topeka, Kansas 66612. You also may call us at (785) 296-3792, or contact us via the Internet at LPA@lpa.state.ks.us.

Kansas Dental Practices Act: Determining the Impact of the 1998 Changes to the Act

In 1998, the Legislature changed the Kansas Dental Practices Act to allow non-licensed dental scaling assistants to polish or scale teeth above the gum line, a practice known as supragingival scaling. These services previously could be provided only by a licensed dental hygienist or dentist. To be eligible to provide this service, a dental assistant had to successfully complete additional training and comply with other requirements established by the Kansas Dental Board. In addition, the work had to be performed under the direct supervision of a dentist. The provisions of law that authorized dental scaling assistants originally were set to expire in 2001, but the 2001 Legislature removed the expiration date from the statute.

Recently legislators have raised questions about how many dental scaling assistants are working in Kansas, whether they're working in underserved areas of the State, whether their use has expanded the availability of dental care services for Kansans, and whether they are being used in place of dental hygienists in the workforce.

This performance audit answers the following questions:

- 1. How many dental scaling assistants are working in Kansas, and are they located in underserved areas of the State?**
- 2. Are dental scaling assistants filling jobs that formerly were filled by dental hygienists?**
- 3. Has the use of dental scaling assistants actually broadened the availability of dental care in Kansas in underserved areas?**

To answer these questions, we reviewed relevant statutes and regulations, as well as committee minutes and testimony regarding changes to the Act. We reviewed records at the Kansas Dental Board to identify the number of dental assistants who have reported completing the supragingival scaling course, and assessed whether they were working in areas with a shortage of dental health professionals at the time they completed their training. We surveyed the dentists who dental scaling assistants worked for when they completed the course about such issues as why the dentists use dental scaling assistants, the number of patients dental scaling assistants see per week, the number of dental hygienists

employed by the dentists, whether the dentists have replaced dental hygienist positions with dental scaling assistants, and whether the number of patients the dentists see has changed. We also talked with officials at area schools that offer either a scaling course for dental assistants or that have a dental hygiene program. Finally, we reviewed a 2004 study of the effects of authorizing dental scaling assistants, and talked with representatives of the associations representing dentists and dental hygienists.

A copy of the scope statement for this audit approved by the Legislative Post Audit Committee is included in *Appendix A*. For reporting purposes, we've combined questions 1 and 3 of the scope statement into Question 1.

In conducting this audit, we followed all applicable government auditing standards. Our findings begin on page 7, following a brief overview.

Overview of Dental Scaling Assistant Issues

Dentists frequently employ technical and professional staff to assist them with patient-related procedures. Typically, that staff falls into two categories, as follows:

- *Dental assistants.* Dental assistants generally sit “chairside” and assist the dentist during patient procedures. They hand instruments and tools to the dentist, but generally don’t perform work on the patient. Training typically is offered at technical schools and community colleges, and requires one to two years of study.
- *Dental Hygienists.* Dental hygienists generally perform routine cleanings on patients, take x-rays, and assist the dentist on procedures. Dental hygiene may be either a two- or four-year degree program, and typically is offered through community colleges and universities.

Both dental assistants and hygienists must work under the supervision of a licensed dentist; they cannot operate independently. In contrast, a dentist is able to practice without either assistants or hygienists, carrying out all patient-related work alone.

The Kansas Dental Practices Act Was Amended in 1998 To Address a Shortage of Dental Hygienists

For many years, the Kansas Dental Association, as well as some dentists and hygienists, have reported a shortage of dental hygienists in Kansas. Some described the shortage as widespread, while others attributed it only to rural areas of the State.

A 1995 Attorney General Opinion concluded unlicensed individuals, such as dental assistants, could not perform any part of a routine dental cleaning, which compounded the effect of the shortage of dental hygienists. Up to that time, it reportedly was common practice in some dental offices for dental assistants to polish and scale teeth. (Scaling refers to scraping off hard build-up on teeth.) Once the Attorney General concluded that State law allowed only licensed hygienists or dentists to perform routine cleanings, many dentists were faced with the challenge of how to deliver the same level and amount of patient care without using dental assistants for routine cleaning.

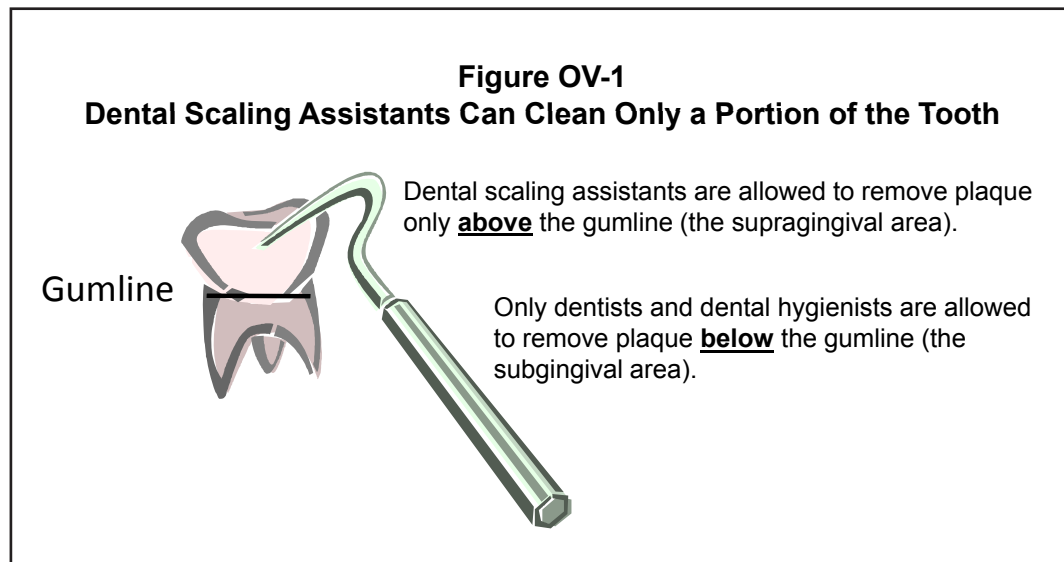
In 1997, members of the Kansas Dental Association, Kansas Dental Hygienists’ Association, Kansas Dental Assistants Association, and the Kansas Dental Board formed an ad hoc committee to determine the extent of the dental hygienist shortage and to develop solutions to the shortage.

Although the committee couldn't reach consensus on the extent of the dental hygienist shortage in Kansas and how to deal with it, the Kansas Dental Association took steps to introduce legislation in 1998 that would allow dental assistants to perform parts of a routine cleaning.

The 1998 change to the Kansas Dental Practices Act specifically allowed dental assistants who received additional training to perform certain parts of a routine cleaning. There are two parts to a routine dental cleaning that involve scaling:

- polishing and scaling the visible (or supragingival) portion of the tooth
- scaling the tooth below the gum line (subgingival scaling)

The change to the Act allows a specially trained dental assistant to polish and scale the visible part of the tooth, but specifies that a licensed dentist or hygienist is required to complete the rest of the routine cleaning, as shown in *Figure OV-1*.



Representatives of the Kansas Dental Association, as well as some individual dentists, testified in favor of the change, saying it would help address the shortage of dental hygienists. Members of the Kansas Dental Hygienists' Association, as well as some individual dentists and academics, testified in opposition to the change, stating it would result in untrained individuals providing inadequate care for patients.

When originally passed, the provision regarding dental assistants originally was to sunset in 2001, but the 2001 Legislature removed the sunset and permanently allowed dental assistants to perform parts of the routine cleaning.

**Dental Hygiene Programs
In Kansas and
Kansas City, Missouri**

When the Act was changed in 1998, there were three dental hygiene programs located in Kansas and Kansas City, Missouri. They were offered at Wichita State University, Johnson County Community College, and the University of Missouri at Kansas City. Since then, two additional dental hygiene programs have begun at Colby Community College and Fort Scott Community College.

The Kansas Dental Association assisted with the development of dental hygiene schools at Colby Community College, which graduated its first class in 2000, and Fort Scott Community College, which graduated its first class in 2007. Both of these programs partner with Northcentral Technical College in Wisconsin, which provides the lecture-based portion of the training through distance learning.

Kansas is the only state that allows dental assistants to perform scaling as part of a routine cleaning. The concept of allowing specially trained dental assistants to perform part of a routine cleaning is fairly controversial. During the mid-1990's, the idea was studied by the American Dental Association as a tool for responding to a nationwide shortage of dental hygienists. Ultimately, the Association issued a resolution supporting the development of new clinical responsibilities for dental assistants, including the duties of supragingival scaling and polishing to be performed under the direct supervision of the dentist. However, an official from the American Dental Association told us that, to his knowledge, Kansas is the only state that allows dental assistants to perform supragingival scaling.

In addition to allowing specially trained dental assistants to perform part of a routine cleaning, Kansas also has taken steps to increase the supply of dental hygienists. As described in the box to the left, there are currently five dental hygiene programs in Kansas and the Kansas City area.

***Dental Scaling Assistants
Are Subject to Only
Minimal Oversight
By the Kansas
Dental Board***

Unlike dentists and dental hygienists, dental assistants aren't required to be licensed by the Kansas Dental Board. And although State statutes and regulations impose certain requirements on dental assistants who are performing supragingival scaling, the Dental Board has no power to enforce those requirements.

State statutes and regulations place few requirements on dental scaling assistants. State law requires a dental assistant who performs supragingival polishing and scaling to complete a course of study approved by the Kansas Dental Board, and to work under the direct supervision of a dentist. According to two schools that offer the course, a person must first have completed all coursework to be a dental assistant, and generally have at least six months actual work experience before enrolling in the scaling course.

The Dental Board's administrative regulations require dental assistants who perform supragingival scaling and polishing to do the following:

- Complete an approved course that is a minimum of 90 hours (similar to a three-credit college course)

- Submit a copy of the certificate of course completion to the Dental Board
- Report changes in work address to the Dental Board

In addition, the regulations require the certificate of course completion to be displayed at the dental office where the assistant works.

State statutes don't give the Dental Board authority to take action against dental assistants who fail to submit information when they complete training, or who don't apprise the Board of changes in place of employment. If a dental assistant who didn't complete the 90-hour course were found to be polishing and scaling teeth, the Board's recourse would be against the dentist.


Kansas Dental Board
AT A GLANCE

Authority:	Created by K.S.A. 74-1404, the Dental Board is to protect the public health and welfare through license and regulation of the dental and dental hygiene professions.
Staffing:	The Dental Board has three full-time-equivalent positions, and contracts for a part-time inspector, as well as legal services.
Budget:	The Dental Board is funded by fees charged to dentists and dental hygienists for examinations, licensure, and registration. For fiscal year 2006, the Board estimated expenditures of a little more than \$308,000 as shown below.

FY 2006 Expenditures

<u>Type</u>	<u>Amount</u>	<u>% of Total</u>
Salaries & Wages	\$146,828	48%
Contractual Services	\$129,293	42%
Commodities	\$19,000	6%
Capital Outlay	\$12,955	4%
Total Expenses:	\$308,076	100%

Sources for Funding for Expenditures



Licensure and Exam Fees
100%

Total Funding:	\$308,076
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Source: *The Governor's Budget Report*, Vol. 2, FY 2007.

Question 1: How Many Dental Scaling Assistants Are Working in Kansas, and Have They Affected the Availability of Dental Care in Underserved Areas?

ANSWER IN BRIEF: *There's no complete information on how many dental scaling assistants currently are working in Kansas, but 400 dental assistants have completed the scaling course since 1999. At the time they completed the scaling course, about 70% of the dental assistants were working in designated dental health care shortage areas across the State. About two-thirds of the dentists we surveyed who regularly use dental scaling assistants reported an increase in the number of patients seen. These and other findings are discussed in the following sections.*

There's No Complete Information on How Many Dental Scaling Assistants Currently Are Working, but About 400 Have Reported Completing the Course Since 1999

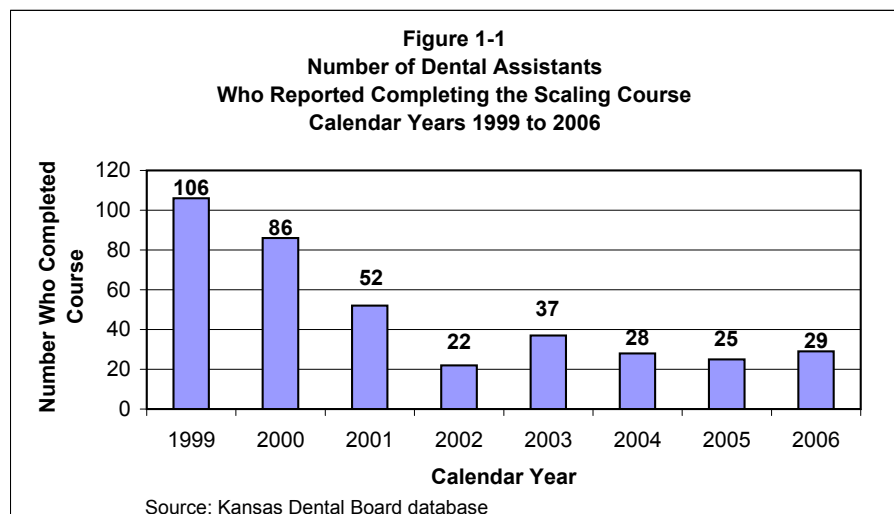
The Kansas Dental Board maintains a database of all dental assistants who have submitted a certificate of completion for the training required to perform supragingival polishing and scaling of teeth. As of April 2007, the Board had received 400 certificates.

The Board has incomplete and dated information on the status of dental scaling assistants. Administrative regulations require dental assistants to provide the Board with the address of their employer at the time they complete the scaling course, and to update that information if there is a change in employment address. Although the Board enters all information it receives into a database, the results aren't comprehensive, for several reasons:

- *The Board may not be aware of everyone who completed the supragingival scaling course.* Although dental assistants are required by regulation to send the Board a copy of their certificate, staff have no way to ensure they all do so. And because dental assistants don't depend on any type of paperwork from the Board—the certificate itself is what the employing dentist must post—there's no consequence to the scaling assistant for failing to send a copy to the Board. However, when we checked with two schools that issued most of the certificates, their estimates of the number of students was very similar to the number of certificates received by the Board.
- *The Board has no way to know if it receives updates when dental scaling assistants change jobs or stop working in the dental profession.* Dental assistants have no ongoing relationship with the Board. As a result, it's questionable whether they would remember the requirement to send in changes of employment address. In addition, the regulations don't clearly specify that the Board should be notified when dental scaling assistants change professions, or if they simply stop working. In checking the Board's database, we saw that some dental scaling assistants had reported a change in employment, but there's no way to know if that's all of them. In addition, we saw no evidence of scaling assistants reporting they were no longer working in the dental field.

Because the Board lacks a reliable method for obtaining updated information, the database on dental scaling assistants is at best an inventory of people who completed the supragingival scaling class, and where they worked at that time. Initial regulations the Board proposed in 1998 would have required scaling assistants to be certified, which would have resulted in more current and comprehensive information. The Legislative Rules and Regulations Committee rejected the initial proposal as inconsistent with the Legislature’s intent.

The majority of people who completed the scaling course did so shortly after the Act was changed. As *Figure 1-1* shows, more than half of the 400 dental assistants completed the scaling course in the first three years after the Act was changed.



Three schools have offered the 90-hour scaling course continually since 1999 -- Wichita Area Technical College, Flint Hills Technical College in Emporia, and Concorde Career College in Kansas City, Missouri. These schools account for 88% of the dental scaling assistants trained. In the beginning these schools taught the class two or three times per year; more recently each school has offered it just once a year.

In addition, three other schools offered the supragingival scaling course on one or two occasions between 1999 and 2001, training a total of 48 students to-date. For example, Coffeyville Community College offered the course one time, at the request of area dentists.

At the Time They Completed the Course, About 70% of Dental Scaling Assistants Worked In Underserved Areas

As noted earlier, the Dental Practices Act was amended to allow specially trained dental assistants to perform part of a routine dental cleaning as a way to address a shortage of dental hygienists. Although State law doesn’t require dental scaling assistants to work in underserved areas, questions have been raised about whether they are working in areas where there’s a shortage of dental resources.

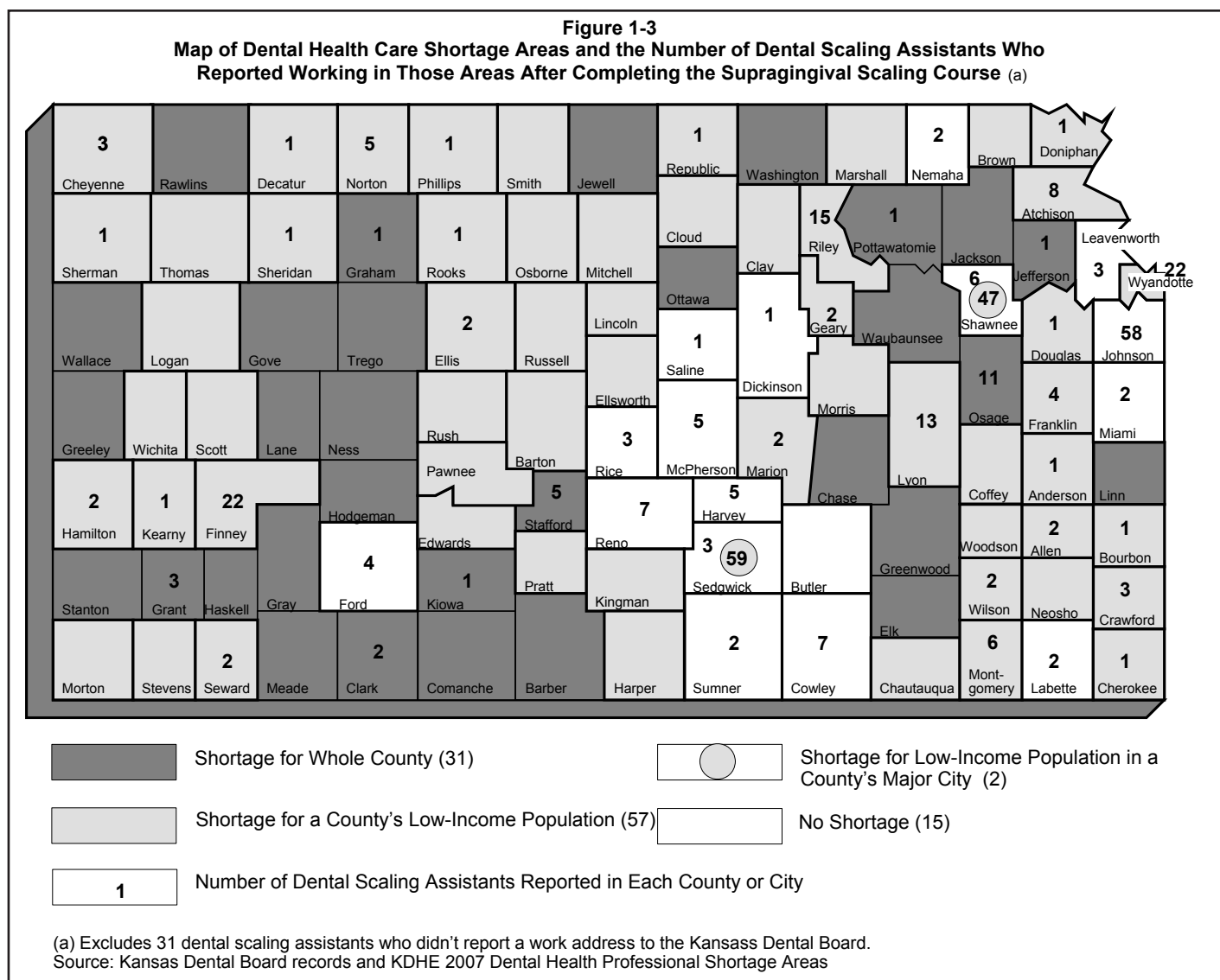
Designation as a “dental care underserved area” primarily measures a shortage of dentists. The federal Department of Health and Human Services has established criteria for designating areas as underserved for dental care. A shortage designation can apply to all residents in a defined area (such as a city or a county), or it may only apply to a select population (such as low-income residents) within an area. In 2007, Kansas had dental health shortages for all residents in 31 counties, and for low-income residents in 57 counties and the cities of Topeka and Wichita. The general criteria for these types of shortage designations are as follows:

- Fewer than one dentist per 5,000 people in a county. A shortage designation based on this ratio can be affected by a number of factors. For example, the number of hygienists and assistants working for a dentist are considered, as well as such things as the patient loads of dentists in contiguous areas, and the distance between an area with no dentist and an area with dentists.
- Fewer than one dentist who serves low-income patients per 4,000 low-income residents in a city or county. The number of hygienists and assistants working for a dentist are considered in calculating the ratio of dentists to population, but this designation requires evidence that low-income residents have an access barrier to dental health care, such as dentists who don't accept low-income or Medicaid patients.

About 70% of dental scaling assistants initially reported working in underserved areas. Whether scaling assistants currently are working in those areas is impossible to answer with the data that's available, because there's no complete information on the current employment status of dental scaling assistants. As **Figure 1-2** shows, the percent of scaling assistants who initially worked in an underserved area is very similar to the percent of Kansans who live in those areas. In fact, the table shows that, relative to the general population, dental scaling assistants were less likely to be working in areas with no dental shortage, and more likely to be working in Wichita and Topeka, the two cities that have a shortage of dental providers for low-income residents.

Figure 1-2 Comparison of Kansans Living in Dental Health Care Shortage Areas and Dental Scaling Assistants Working in Those Areas		
Status of Dental Health Care Shortage	% of Dental Scaling Assistants That Reported Working in These Areas	% of Kansas Population Living in These Areas (estimated 2006 population)
No shortage	31%	43%
Shortage for a county's low-income population	33%	33%
Shortage for a city's low-income population (Wichita and Topeka)	29%	17%
Shortage for whole county	7%	7%
Source: Kansas Dental Board dental assistant database and LPA 2006 population estimates.		

Figure 1-3 shows the dental health care shortage designation in 2007 for each county in Kansas, as well as Wichita and Topeka, and the number of dental scaling assistants who initially reportedly working there. As the map shows, scaling assistants are scattered across the State.



About Two-Thirds of the Dentists We Surveyed Who Regularly Use Scaling Assistants Have Increased the Number of Patients Served

According to information in the Kansas Dental Board's database, the 400 dental assistants who have completed the scaling course since 1999 reported working for a total of 186 different dentists. We surveyed those 186 dentists on a number of issues, which are reported in this section, and in Question 2 of the audit. The survey had a response rate of 75%, and 122 of the 140 dentists who responded said they currently employ dental scaling assistants. Our analysis focuses on these 122 dentists. A few comments about the respondents:

- They were spread across the State, with about two-thirds from designated dental shortage areas

- They typically employ one or two dental scaling assistants
- In total, they currently employ 158 dental scaling assistants
- More than one-third of them don't currently employ a dental hygienist

Fully 60% of the dentists in shortage areas who regularly use dental scaling assistants have increased the number of patients seen. In addition, when accounting for all responding dentists, regardless of shortage area designation, 66% who regularly use dental scaling assistants reported increasing the number of patients seen, as shown in *Figure 1-4*. The remaining respondents generally said there had been no change in patient load, although two dentists said their patient numbers had decreased. We don't know whether dentists increased their patient load because they hired dental scaling assistants or for some other reason. Most of the dentists who reported an increase in patients described the increase as slight to moderate.

Figure 1-4
Dentists Employing Scaling Assistants Who Reported a Change in Number of Patients Seen

Number of dentists who...	...work in a shortage area		...don't work in a shortage area		Total	
Reported an <u>increase</u> in the number of patients seen	38	60%	22	79%	60	66%
Reported a <u>decrease</u> or <u>no change</u> in the number of patients seen	25	40%	6	21%	31	34%
Total of dentists who employ scaling assistants:	63	100%	28	100%	91	100%
Reported they don't regularly use scaling assistants	18		13		31	
Total dentists responding to the survey	81		41		122	

Source: LPA analysis of survey respondents

Although the majority of dental scaling assistants accounted for on our survey are employed full-time, most spend less than half their time performing scaling and polishing. Dentists reported that about 80% of the dental scaling assistants work full time. However, based on information they supplied about the number of patients each scaling assistant typically sees in a week, it appears they spend much of their time on other duties. Other duties of a dental assistant include such things as assisting the dentist during procedures, completing insurance forms and other paperwork, and other office duties.

**Figure 1-5
Average Number of Scaling Patients
Seen Per Week
by Dental Scaling Assistants**

Number of Patients per Week	Number of Dental Scaling Assistants Who See This Many	% of Total Assistants
4 or less	35	24%
5-15	42	29%
16-25	33	22%
26-35	29	20%
Full-Time		
36 or more	7	5%
Total	146^(a)	100%

(a) Not all respondents answered this question.
Source: LPA analysis of survey responses.

A full-time work week in a dental office is typically 32 hours. Given that a routine cleaning is scheduled for 40 to 50 minutes, we calculated that a full-time dental scaling assistant, performing only polishing and scaling for routine cleanings, could see anywhere from 38 to 48 patients per week. **Figure 1-5** shows the weekly patient load of dental scaling assistants from our survey responses.

As the figure shows, only 5% appear to spend all their time performing these duties. About 75% appear to spend no more than half of their time scaling and polishing.

Comments Received From Dentists Responding To Our Survey

The following comments were made by dentists regarding the reasons why they use dental scaling assistants, and how those assistants are used in the dental office.

Scaling assistants “fill in” for dental hygienists:

- “Assistants help out if hygienist is sick or gone.”
- “Only use when hygienist is sick or a patient just needs to get in.”
- “Backup when the regular hygienist is gone.”
- “Flexibility for emergencies with dental hygienist.”

Scaling assistants can handle the less difficult cases:

- “We see many pediatric patients that don’t always need to see the hygienist.”
- “[Dental scaling assistants can perform cleanings] on children and young adults.”
- “Large number of children in practice. Children generally only have supragingival calculus.”

Other reasons for using dental scaling assistants:

- “Because we are NOT graduating enough hygienists.”
- “It is convenient and economical and helps patients.”
- “Helps with workload of dentist.”
- “To allow the hygienist to treat more challenging and periodontal patients and thereby increase her income and job satisfaction.”

Source: Comments from LPA survey of area dentists.

The conclusion for the audit can be found at the end of Question 2.

Question 2: Are Dental Scaling Assistants Filling Jobs That Formerly Were Held By Hygienists?

ANSWER IN BRIEF: *We saw no evidence that dental hygienists are being replaced with dental scaling assistants to any significant degree. A 2004 survey of dental hygienists administered by the University of Missouri at Kansas City School of Dentistry found 3% of respondents felt they were unemployed because of the 1998 change allowing dental scaling assistants. In addition, 9% of dentists we surveyed reported they had replaced hygienist positions with dental scaling assistants. The State has licensed almost four dental hygienists for every one person completing the dental scaling course since 2002, when the number of new scaling assistants started to taper off. Finally, officials with four dental hygiene programs indicated that virtually all graduates are able to find employment, although it may take slightly longer than in the past. These and other findings are discussed in the following sections.*

We Saw No Evidence To Suggest Hygienists Are Being Replaced by Dental Scaling Assistants To Any Significant Degree

In talking with dental hygiene program directors and officials with the Kansas Dental Hygienists' Association, we heard concerns and anecdotal evidence about the presence of dental scaling assistants making it difficult for hygienists to find jobs in certain areas of the State. However, based on the various indicators we looked at, it doesn't appear that scaling assistants are replacing many hygienists or having much of an effect on hygienists' ability to find jobs.

A 2004 University of Missouri at Kansas City (UMKC) survey of dental hygienists reported that 3% of respondents thought they were unemployed as a result of the 1998 legislation that authorized dental scaling assistants. Researchers from the Division of Dental Hygiene in the UMKC School of Dentistry surveyed the approximately 1,900 licensed dental hygienists about their perception of the effect of dental scaling assistants on themselves, on the delivery of care, and on the public's access to dental care.

Nearly 700 hygienists responded to the survey, and 3% of respondents reported that they were unemployed because of the legislation that authorized dental scaling assistants. The researchers concluded that dental hygienists aren't losing their jobs to dental scaling assistants.

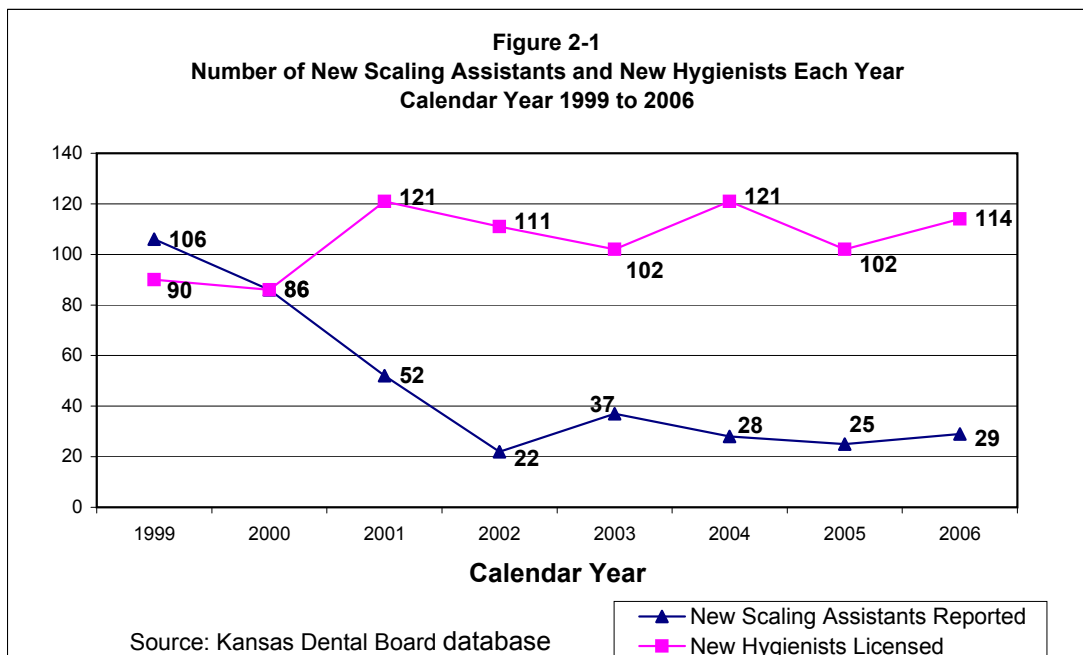
Eleven dentists (9%) who responded to our survey said they had replaced hygienist positions with dental scaling assistants. These dentists indicated they replaced 13 hygienist positions with

dental scaling assistants. We don't know whether these were vacant hygienist positions that the dentists chose to fill with scaling assistants or whether employed hygienists lost their jobs.

The 11 dentists who indicated they had replaced hygienist positions with dental scaling assistants offered a number of reasons for doing so, including a shortage of dental hygienists, it's more economical to use dental scaling assistants, and it allows them to serve more patients, including more low-income patients.

It's important to note that this percentage is not representative of the Statewide situation. There are approximately 1,400 dentists with active licenses in Kansas. We surveyed only 186, who were chosen because they were the employers of dental assistants at the time those assistants completed the supragingival scaling class. This makes them far more likely than the general population of dentists to have replaced hygienists with scaling assistants; the approximately 1,200 dentists we didn't survey are less likely to have ever employed scaling assistants.

Since 2002, the State has licensed almost four dental hygienists for every one person completing the dental scaling course. As *Figure 2-1* shows, the number of new hygienists and new scaling assistants was about equal in the first two years scaling assistants were allowed in Kansas. After 2001, the number of new scaling assistants tapered off significantly. Given the sheer number of active hygienists, and the fact that they are entering their profession in far greater numbers than are dental scaling assistants, it seems unlikely scaling assistants will have a significant impact on employment opportunities for hygienists.



Schools with dental hygiene programs indicated graduates are able to find employment, although it may take slightly longer than in the past. We contacted dental hygiene program directors at Colby Community College, Fort Scott Community College, Johnson County Community College, the University of Missouri at Kansas City, and Wichita State University to see if there have been changes in their graduates' ability to find jobs.

None of the schools have a formal placement program for dental hygiene graduates, but all have job boards where openings for hygienists are posted. All of the officials said placement rates of graduates haven't been affected by the existence of dental scaling assistants; they said nearly all graduates have a job in their field within six months of graduation. However, officials from two schools said it may take slightly longer to find a job, for example, one official noted it may take a month instead of a week.

Conclusion:

Because dental scaling assistants are unlicensed, it's difficult to obtain reliable information on their current employment status. Available information shows that since 1999, 400 dental assistants have completed the training to become scaling assistants, and our survey indicates that at least 158 currently are working, although the majority spend less than half their time scaling and polishing teeth. This suggests that while the presence of dental scaling assistants may have helped address a reported shortage of dental hygienists, scaling assistants represent a relatively small resource for dentists. In comparison, more than 1,900 dental hygienists have active licenses, and current trends show hygienists are entering the workforce in far greater numbers than scaling assistants.

APPENDIX A

Scope Statement

This appendix contains the scope statement approved by the Legislative Post Audit Committee for this audit on March 13, 2007. The audit was requested by Senator Les Donovan.

Kansas Dental Practices Act: Determining the Impact of 1998 Changes To the Act

In 1998, the Legislature enacted changes to the Kansas Dental Practices Act to allow non-licensed scaling assistants to polish or scale teeth above the gum line – services that previously could only be provided by a licensed dental hygienist. To comply with the law, the work has to be done under the direct supervision of a dentist, and the person performing the work has to have successfully completed training and other requirements established by the Dental Board.

The law was amended to increase the availability of services in underserved areas of the State. The provision allowing this work to be done by scaling assistants was originally set to expire in 2001, but the 2001 Legislature removed that expiration date from the law.

Recently legislators have raised questions about how many scaling assistants are working in Kansas, whether they are working in underserved areas of the State, whether their use has expanded the availability of dental care services for Kansans, and whether they are being used in place of dental hygienists in the workforce.

A performance audit of this topic would address the following questions:

- 1. How many dental scaling assistants are working in Kansas, and are they located in underserved areas of the State?** To answer this question, we would contact officials from the Department of Health and Environment to gather information about where the underserved areas are in Kansas for dental services. We would electronically survey dentists to find out how many scaling assistants they currently employ and how many hours per week those assistants are working. We would plot that information on the map of underserved areas to determine whether those assistants are being used in areas KDHE has identified as underserved.
- 2. Are dental scaling assistants filling jobs that formerly were filled by dental hygienists?** To answer this question, we would contact the Dental board to find out how many scaling assistants there are in Kansas, and how the number of scaling assistants has changed over time. We would gather similar information about the number of licensed dental hygienists. We would include questions on our survey of dentists to find out whether they employ scaling assistants in lieu of dental hygienists and whether that's because hygienists aren't

readily available in their area, or for some other reason. Also, we would ask them whether they have employed hygienists in recent years and no longer employ them and why. Finally, we would contact officials from dental hygienist schools to determine whether they have noticed any changes in the rate at which they are able to place graduates since scaling assistants have been allowed in Kansas.

- 3. Has the use of dental scaling assistants actually broadened the availability of dental care for Kansans in underserved areas?** To answer this question, we would include questions on our survey of dentists to find out if they think they are able to serve more people because they have scaling assistants working in their offices. We would structure the survey so we could identify the responses of dentists from underserved areas. In addition, we would gather any readily available information the Department of Health and Environment or others may have about increased availability of services in underserved areas as a result of this legislation.

(Staff note: The validity of the results will depend in large part upon the number of dentists who respond to our survey.)

Estimated Time to Complete: 5-6 weeks

APPENDIX B

Agency Response

On June 13, 2007 we provided copies of the draft audit report to the Kansas Dental Board. Its response is included as this Appendix.

KANSAS

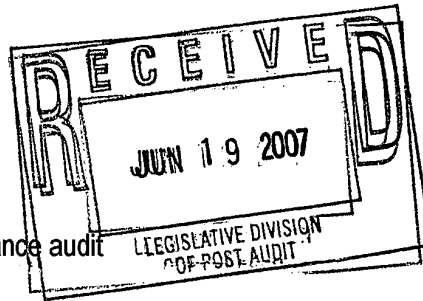
KANSAS DENTAL BOARD

900 SW JACKSON, ROOM 564-S
TOPEKA, KANSAS 66612
TELEPHONE (785) 296-6400
FAX (785) 296-3116
WEBSITE: www.accesskansas.org/kdb

KATHLEEN SEBELIUS, GOVERNOR

June 19, 2007

Legislative Division of Post Audit
Barbara J. Hinton
800 SW Jackson St, Suite 1200
Topeka, KS 66612



RE: Agency response to draft of performance audit

Dear Ms. Hinton:

As Executive Director of the Kansas Dental Board I appreciate your allowing the agency to respond in advance of publication of your report. There has been much discussion over the years within the dental profession about the impact of the scaling assistant legislation of 1998. Your report provides well researched and useful information about the distribution of scaling assistants in the state. I hope that the data will be beneficial to the legislature in future decisions about this controversial statute.

I would like to thank you and your staff for their research on the report. Their interactions with our office were very constructive and positive. Please let me know if we can be of any further assistance.

Sincerely,

Betty Wright
Executive Director
296-4690