



TO: Chair and Members of the Finance & Facilities Committee

FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO

DATE: 2017 December 07

CERTIFIED DENTAL ASSISTANT STAFFING MODEL CHANGES

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 043-17FFC re: “Certified Dental Assistant Staffing Model Changes” for information.

Key Points

- With the closure of the Health Unit’s dental treatment clinic by year-end, the Healthy Smiles Ontario (HSO) budget was reviewed to consider how best to allocate resources to maximize preventive program reach and efficiency.
- Additional CDA support is required to increase the capacity of preventive services, assist HSO clients in finding a local dentist, and widen the reach of the Fluoride Varnish Program.
- These changes are cost-neutral with respect to the Health Unit’s budget, and will increase efficiency and impact.

Background

With the closure of the Health Unit’s dental treatment clinic by year-end, efforts were made to consider how best to allocate existing resources to maximize preventive program reach and efficiency. This represented an opportunity to review the HSO program guidelines, budget and current staffing model, and its ability to help the Health Unit meet its mandate to navigate HSO clients to local dental providers, and to offer and deliver preventive oral health services. Increasing the Oral Health Team’s certified dental assistant (CDA) staffing complement would support the proposed enhancements to HSO client navigation, preventive services delivery and the Fluoride Varnish Program (FVP).

Oral Health Navigation

Due to the closure of the Health Unit’s dental treatment clinic, increased navigational support is required to support the transition of patients from the former clinic to community dental services. Additionally, under the HSO Program, the Health Unit is mandated to provide oral health navigation services, including program enrolment, assisting clients to find dental services, and HSO case management. HSO-eligible clients identified through school screening or through direct contact with the Health Unit often require support in finding appropriate community dental care. Additional CDA support will increase the Health Unit’s capacity to engage in direct mail, telephone and face-to-face communications with current HSO clients to aid them in transitioning to community dental care, and to more effectively match future HSO-eligible clients with dentists in the community. Through timely, intentioned efforts to support HSO enrolment and to secure treatment services in the community, improved client navigation within the HSO program may also help to decrease the number of cases that require referral to the Children’s Aid Society due to oral health neglect.

Preventive Services

Health Units are mandated to provide dental screening in elementary schools under the Oral Health Assessment and Surveillance Protocol. Once children are identified as eligible for preventive oral health services, the HSO Program requires the Health Unit to notify families and provide assistance in accessing preventive oral health services. After the closure of the dental treatment clinic, resources that were directed toward treatment can be reallocated to increase the Health Unit's capacity to deliver preventive services at the clinic (e.g., teeth cleaning, sealants and fluoride varnish application). To maximize the preventive services clinic's reach, CDAs could contact families of eligible children, assess financial requirements and schedule preventive services within the clinic. Additional CDA support is required to follow up with eligible children identified at high-risk elementary schools and to support registered dental hygienists (RDHs) in providing preventive dental care.

Fluoride Varnish Program (FVP)

HSO allows the Health Unit to deliver other preventive programs and services, such as universal FVPs. In 2016, the Oral Health Team piloted an FVP in seven elementary schools and six daycares, which served 1,082 children. In each setting, two CDAs are responsible for fluoride varnish application. With additional CDA support, the FVP's reach and capacity could be enhanced, potentially offering the program to additional elementary schools, daycares and family centres within the City of London and the County of Middlesex. Partnerships have been initiated with the Munsee-Delaware and Chippewa of the Thames First Nation communities to provide preventive services in elementary schools, daycares and Early Years programs; however, additional resources are required to nurture these new relationships and to ensure that the Health Unit has adequate time and resources to support client navigation and case management.

CDA Staffing Recommendations to Support Proposed Program Enhancements

The dental treatment clinic budget had 2.0 FTE CDAs assigned to assist in the clinic's operations. A 1.0 FTE CDA position is currently vacant due to a retirement earlier this year, and will remain unfilled. To support the proposed enhancements, the remaining 1.0 FTE CDA position assigned to the dental treatment clinic budget would be reallocated to the HSO budget. The Health Unit's Oral Health Preventive Services budget also has a part-time 0.9 FTE CDA position whose primary responsibility, in addition to assisting the RDHs in delivering preventive health services, is to schedule services and administer parental consent requirements in schools, daycares and childcare facilities. To support the proposed enhancements outlined, the part-time 0.9 FTE CDA would be increased to 1.0 FTE (a 0.1 FTE increase) within the Health Unit's preventive services budget. This proposed change to the Health Unit's preventive services budget is cost-neutral, because the affected staff member currently receives a percentage in lieu of benefits on top of their wages, and is already enrolled in OMERS. These staffing changes will allow the Health Unit more effectively to meet mandated requirements under the Oral Health Assessment and Surveillance Protocol and HSO, and will support the Health Unit in increasing the FVP's capacity and reach.

This report was prepared by the Oral Health Team, Healthy Living Division.



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