

The Evolving Role of Dental Hygienists in Community Health: Solutions to an Oral Health Crisis

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Course Objectives

- ✚ Increase awareness of oral health access and care issues
- ✚ State the three core functions of public health programs and how they apply to dental hygienists
- ✚ Discuss the aspects of the California Dental Practice Act which affect dental hygienists in community settings
- ✚ Identify key stakeholders seeking solutions to oral health care issues and their recommendations
- ✚ List a range of alternative workforce models and oral health care delivery systems that address care for the underserved
- ✚ Understand the evolution of California's workforce models including the RDHAP & the new Health Workforce Pilot Project on Teledentistry

Public Health is People's Health - Oral Health ⇔ Total Health

Healthy People 2010-2020

www.healthypeople.gov/2020

- 2000 Surgeon General Report – *Oral health in America* – a silent epidemic.
- 2020 HP goals
 - 2010 goals not met were reviewed for retention, modification, or deletion.
 - 2020 goals looks to modify behaviors, promote interventions, and increase community health centers with oral health component.
 - 17 oral health objectives, 33 separate measures related to variety of topics including cancer prevention, tobacco cessation, diabetes, untreated caries reduction, etc
 - 24 indicators in IOM reports will be used to “sharpen focus of HP agenda

PEW Charitable Trust

www.pewcenteronthestates.org/costofdelay

- Non-profit foundation with \$250 Million budget
- Provides grants to improve public policy through advocacy and research support
- PEW Children's Dental Campaign
 - ensure Medicaid & Children's Health Insurance Program
 - expand sealants for kids in need
 - expand access to fluoridated water
 - supports expanded workforce for children
- 2010 report “Cost of Delay: State Policies Fail One in Five Children”
 - California gets a “C”

Oral Healthcare Crisis

- Barriers to care:
 - social, cultural, economic, structural and geographic factors
- Evidence of crisis
 - Caries statistics
 - Hospital emergency department visits
 - Nursing home statistics
 - Aging population
- Headline news

Three Core Functions of Public Health - What do they mean to you??

- **Assessment** ☆
Collecting information to help plan as well as evaluate outcomes:
 - Identify needs and priorities before planning
 - Ongoing assessment.
 - Desired outcomes at the endPopulations at Risk:
 - Poor, low-income minorities, children on Medicaid, those without dental insurance, elderly, those with physical and mental disease
- **Policy Development** ☆
 - regulations, laws and policies which promote the health of the community
 - Stakeholders:
 - Non Profit Foundations
 - Government Agencies
 - Oral Health Task Forces
 - Professional Organizations
 - Health Workforce Pilot Projects
 - Office of Statewide Health Planning and Development, www.oshpd.ca.gov
 - 1972 Health Manpower Pilot Projects Act (HMPP) - now called Health Workforce Pilot Projects (HWPP)
 - Demonstration projects for new roles or delivery systems for healthcare professionals in California
 - 1980 HMPP #139 ⇨ 1997 RDHAP bill AB560 ⇨ 2003 graduates
 - RDHAP - Registered Dental Hygienist in Alternative Practice
 - 1980 HMPP #139 – Determined efficacy and safety of the unsupervised RDH
 - CDHA charitable foundation, DHAI (Dental Hygiene Associates Inc), established to administer project
 - ADHA pledged \$150,000 towards the project
 - CDHA committed \$50,000 towards fighting two lawsuits
 - 1997 Governor signed RDHAP bill AB560
 - 2002 West LA – first RDHAP program established
 - 2003 UOP online program established, with \$25K grant from CDHA
 - Good example of CDHA role in policy development

- **Assurance☆**
 - Outcomes Evaluation – Follow-up
 - Efficacy, cost-effectiveness and replicability
 - Should include prevention not just mechanical treatment
 - Services, promotion and prevention – did they reach target populations?
 - Dental Practice Acts
 - Determines who, how and where services are provided
 - Establishes levels of supervision: General, Direct, Unsupervised
 - ✓ Unsupervised provides greatest flexibility for community health ☀
 - Allowable settings
 - Legal Duties
 - www.dbc.ca.gov, www.dhcc.ca.gov

California Dental Practice Act as it relates to Public Health

- **§1911 - RDH Duties Allowable Unsupervised**
 - May provide educational services, oral health training programs and oral health screenings
 - In public health settings, may provide preventive services in addition to oral screenings, including but not limited to, the application of fluorides and pit and fissure sealants.
 - Must refer any screened patients with possible oral abnormalities to a DDS
- Traditional RDH Roles and Settings in the Community
- **§1925 RDHAP Scope of Practice**
 - RDHAP was created with the goal of improving public health and access to care
 - Can be an independent contractor; a sole proprietor; or employed by dentist, another RDHAP, some primary and specialty care clinics, public hospital or health system clinics, and private hospital clinic contracted with a county government to fulfill a role under the Welfare & Institutions Code
- **§1926 RDHAP Scope of Practice and settings**
 - May provide all preventative and therapeutic services allowed an RDH under general and unsupervised levels. Can not provide direct supervision procedures.
 - may perform dental hygiene services in:
 - residences of homebound
 - schools
 - residential facilities & institutions
 - dental health professional shortage areas
 - assures that this special category of unsupervised dental hygienists serves the target population

Changing Needs Lead to...

- Review of DENTAL PRACTICE ACTS
- New WORKFORCE MODELS
- ALTERNATIVE METHODS OF DELIVERY- non-traditional

Institute of Medicine (IOM)

www.iom.edu/reports/2011

- Part of the National Academies; Non-profit scientific & Engineering research
- Released two key oral health reports in 2011:
 - April 2011 “*Advancing Oral Health in America*”
 - June 2011 “*Improving Access to Oral Health Care for Vulnerable and Underserved Populations*”
- *Improving Access to Oral Health Care* report
 - Addressed the need for more research as well as public and private funding.
 - Guiding principle: oral health care is an essential component of comprehensive health care.
 - Included 10 recommendations for changes to the oral health workforce, state practice acts, oral health educational programs, oral health care system financing, and encouraged further research and investment in oral health programs by the federal government and private foundations
 - Recommendation #2 – amend existing state practice acts to maximize access to oral health care
 - Allow allied dental professionals to practice to the full extent of their education and training, in a variety of settings under evidence-supported supervision levels
 - Allow technology-supported remote collaboration and supervision
 - Recommendation #8 – called for federal agencies and private foundations to support research and evaluation of new methods and technologies for the delivery of care, measures of outcomes and payment/regulatory systems

IOM Recommendation #2 - Review the California Dental Practice Act with the goal of maximizing access to oral health care

- Supervision Levels
 - § 1902, § 1909 (Direct), § 1910 (General), § 1911, § 1912
 - Any procedure performed or service provided by a registered dental hygienist that does not specifically require direct supervision shall require general supervision
- Restrictions to Scope of Practice
 - § 1908b – Exclusions to dental hygiene practice:
 - Diagnosis and comprehensive treatment planning;
 - Placing, condensing, carving, removal of permanent restorations;
 - Surgery or cutting on hard/soft tissue including but not ltd to extractions and the cutting/suturing of soft tissue;
 - Administration of general anesthesia, or oral or parenteral conscious sedation, except for nitrous oxide/oxygen
 - § 1911 limitations to duties without supervision
 - Educational, training and screening services ONLY
 - preventive services such as fluoride application and sealants in addition to oral screenings ONLY in public health programs

- §1925 RDHAP limitation of scope:
 - May not take bleaching tray impressions, place in-office tooth-whitening devices, use non-laser, light-curing bleaching devices
 - May not provide any duties which they are educated and licensed to provide under direct supervision as an RDH
- § 1930 and § 1931 RDHAP limitations to practice:
 - dental relationship prerequisite for licensure
 - prescriptive requirement to continue any services beyond the initial 18 months, and valid only for 24 months

Workforce Models - What does it mean?

- Methods of delivery of care
- Access to care for vulnerable populations
- Alternative training or pathways
- Alternative duties or procedures

Existing Dental Hygienist Workforce Models

Direct Access – 35 states have some form of direct access hygienist

California RDHAP – Dental Practice Act § 1922

- Must hold a current CA RDH license
- Must have practiced for a minimum of 2,000 hours in preceding 36 months
- Must have bachelor's degree or its equivalent (120 college units)
- Must complete 150 additional hours of education
- Must successfully pass a Law and Ethics examination
- not a true mid-level provider

Mid-Level Providers

Additional Education, Duties, Settings, Supervision levels

Alternative Workforce Models serving populations with limited access:

Mid-level providers except CDHC

- CDHC – Community Dental Health Coordinator (ADA)
- ADHP – Advanced Dental Hygiene Practitioner (ADHA)
- DHAT – Dental Health Aide Therapist – Alaska
- DT and ADT – Dental Therapist and Advanced Dental Therapist –Minnesota (ADT modeled after ADHP)
- HWPP # 172 - virtual home dentistry – California

CDHC - Community Dental Health Coordinator: ADA model

- Assess, help access and navigate system, coordinate, refer, fluoride and sealants (NO restorative duties)
- pilot program begun spring 2009, to be re-evaluated after 3 years
 - 18 month programs in Philadelphia, Montana and Oklahoma

ADHP – Advanced Dental Hygiene Practitioner: ADHA model

- Originally envisioned as Master's Degree mid-level provider;
- now perceived as educational model for expansion of DH scope
- Scope determined on a state by state basis
- Educational, preventive, diagnostic, therapeutic, and minimally invasive restorative services, uncomplicated extractions, basic prescriptive
- Lots of Public Support

DHAT – Dental Health Aide Therapist - Alaska

- Sponsored by local Tribal Foundations & Kellogg Foundation
- Participants recruited from Alaska native communities
- amalgam and composite preps and fillings, pulpotomies, sealants, cleanings
- under general supervision of a dentist
- not licensed in Alaska but certified to work on native populations via Community Health Aide certification
- requires biannual CE and recertification every two years

Minnesota DTs and ADTs - 2011 first graduates

In 2003 and 2005 Minnesota authorized full scope of DH practice under general supervision with a collaborative agreement.

2009 DT and ADT passed legislation

- **Dental Therapist (DT)**
 - Minnesota Dental Association supported
 - preventive and restorative - on site supervision
 - ✓ DT duties almost all have to be in dental office
 - ✓ sealants and prevention ok under general supervision
 - ✓ Cavity prep, pulp capping, extractions of primary teeth, repair of defective prosthetic devices, re-cement permanent crowns, fabricating mouthguards, tissue reconditioning
 - NO scaling or root planning
 - ✓ no hygiene duties other than prevention i.e. xr, sealants, fluoride
 - Bachelor and Master's degrees
 - University of Minnesota
- **Advanced Dental Therapist (ADT)**
 - Modeled after ADHA Advanced Dental Hygiene Practitioner
 - DT duties plus additional restorative
 - ✓ oral evaluation/assessment in collaboration with DDS
 - ✓ nonsurgical extraction of perio involved permanent teeth with Class III/IV mobility, crown placement, pulpotomies
 - ✓ provide/dispense/administer analgesics, anti-inflammatory drugs and antibiotics
 - No on site supervision for most duties
 - ✓ general supervision in alternative settings with collaborative agreement after 2000 hrs as a basic DT and passage of another exam
 - Master's degree: must be a RDH to enter program

- Metropolitan State University
- Leads to dual licensure

National DT and ADT Movement

- **Kellogg Foundation and Dental Therapists**
 - \$300K in annual grants to support healthy kids, educated kids, racial equality, secure families & civic engagement
 - October 2010 study by independent research group reported that Alaskan DHAT model was safe and effective
 - \$16M, five state initiative to establish DT providers modeled after DHAT by 2014 – Washington, New Mexico, Kansas, Vermont and Ohio; Each state varies in scope, provider name, supervision and career pathway
- **Advanced Dental Therapists proposals**
 - Washington - one year post-baccalaureate ADT with collaborative agreement; bill has hit a road block and tabled until 2012
 - Kansas – registered dental practitioner (RDP); 18 mo degree completion program for hygienists; dual licensure with collaborative agreement; only Kellogg state with just a DH based DT model
 - Vermont – 2 yr DT program (1 yr for DH), 100 hrs clinical practice under general supervision + passage of clinical exam; VDHA in discussions to amend DH model for 2012.

DT and ADT in California

- Children's Partnership – supports the DT model and sponsoring legislation SB694
- CDA Access to Care Task Force Report – opposes “irreversible” procedures by non-DDS – calls for their own research
- CDHA supports Advanced DT or Advanced Dental Hygiene Practitioner version for California

California HWPP 172 – Virtual Dental Home

- Approved by OSHPD 2010
- Originally meant to include RDHs, RDHAPs, RDAs
- Unsupervised Assessment, Diagnostic Xrays, Removal of decay and placement of Interim Therapeutic Restorations (ITR)
- Collaboration with DDS via Internet prior ITR placement

Other Access to Care Delivery Models

Mobile Healthcare Delivery Models – service for long term care facilities, head start centers, schools, group homes or other community facilities

- Access Dental (No. Carolina)
- Apple Tree Dental (Minnesota)
- Carolinas Mobile Dentistry (Charlotte, NC)
- Outreach Dentistry (Lafayette, LA)

Apple Tree Dental in California

- Apple Tree: Not for profit modeled after Mayo Clinic
- Hub and spoke model – central clinic combined with mobile delivery care system
- Patient centered team approach working in collaboration with other healthcare professionals
- Utilizes all members of the oral health care team to their fullest potent, to improve access as well as quality of care
- San Mateo County Elder Care Dental Project would employ RDHs and work in collaboration with RDHAPs

THE FUTURE

Where do YOU see us in 2020 or beyond?

References

- ✚ www.adha.org/government_affairs (last accessed 12/2011)
- ✚ www.cdha.org (last accessed 9/2011)
- ✚ www.dhcc.ca.gov and www.dbc.ca.gov (last accessed 9/2011)
- ✚ www.cdc.gov (last accessed 9/2011)
- ✚ www.healthpeople.gov/2020 (last accessed 9/2011)
- ✚ www.iom.edu/reports/2011/improving-access (last accessed 7/2011)
- ✚ www.iom.edu/reports/2011/advancing-oral-health-in-america (last accessed 7/2011)
- ✚ www.iom.edu/reports/2011/leading-health-indicators-for-healthy-people-2020 (last accessed 8/2011)
- ✚ www.pewcenteronthestates.org/costofdelay (last accessed 4/2011)
- ✚ www.wkkf.org (last accessed 4/2011)
- ✚ Emails with Dr. Michael Helgeson (Apple Tree Dental 6/28/2011), Colleen Brickle RDH EdD (Normandale Community College, MN 8/24/2011), Megan Fitzpatrick (ADHA Director of Government Affairs 6/20/2011)
- ✚ CDA Access Report: Phased Strategies for Reducing the Barriers to Dental Care in California, June 2011
- ✚ Community Oral Health Practice for the Dental Hygienist, 3rd edition, Kathy Voigt Geurink RDH MA
- ✚ Dental Public Health & Research: Contemporary Practice for the Dental Hygienist, 3rd edition, Christine Nathe