A Review of Alternative Dental Workforce Models

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Jon Holtzee – Director, State Government Affairs

See one model – you've seen one model

While different stakeholders painstakingly create various models, the legislative and regulatory process in each state guarantee variation will be inevitable state to state.

Factors include:

- Education requirements
- Local need
- Political Culture

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See one model – you've seen one model

- Dental Health Aide Therapist (DHAT)
- Advanced Dental Hygiene Practitioner (ADHP)
- Basic Dental Therapist (MN)
- Advanced Dental Therapist (MN)
- Pediatric Therapist (ME)
- Oral Health Practitioner (MN)
- Community Dental Health Coordinator (ADA)

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1st out of the box - DHAT

- Currently restricted to Alaska and IHS (pending)
- High school grads; 18 month training program
  - 1st year at Univ. of Washington School of Medicine
  - 2nd year is clinical training in Alaska
- Design to train from the community, return to the community

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DHAT – Page 2

- After graduation initial work site is supervised
- Supervising dentist makes assessment of skills and issues standing orders
- Remote supervision

- Scope
  - Diagnosis
  - Restorations
  - Prophys
  - Extractions
  - Pulpotomies
  - Crowns
- Regulation
  - Not state sanctioned
  - Tribal certification

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Advanced Dental Hygiene Practitioner (ADHP)

- Proposed by ADHA
- 2 year Master's program
- Design – ". . .this new level dental hygienists would provide diagnostic, preventive, restorative and therapeutic services directly to the public."

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ADHP – Page 2

- "Supervised" by a collaborative management agreement – standing orders
- Undefined referral systems
- Regulation
  - Licensure
- Scope
  - Full hygiene scope
  - Restorations
  - Extractions
  - Pulpotomies
  - Locals
  - Rx
  - Recement crowns
  - Diagnosis
  - Pulp capping

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Dental Therapist (Minnesota)

- Education
  - Basic = Bachelor's degree
  - Advanced = Master's or post-grad certification program + 2000 hours as basic therapist

- Regulation
  - Basic = License
  - Advanced = Basic License & certification

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Dental Therapist – Page 2

- Scope
  - Scripts
  - ART
  - Locals
  - Space maintainers
  - Pulpotomies
  - Primary extractions
  - Pulp Capping
- Advanced Scope
  - All of the Basic scope +
  - Permanent extractions with mobility of +3 or +4
  - Surgical procedures must still be authorized by dentist for each individual patient

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Dental Therapist – Page 3

- Populations & Settings
  - Critical care clinics
  - FQHCs
  - Assisted living centers
  - Collaborative hygiene location
  - Military & VA facilities
  - Dental or dental therapy schools
  - Any setting where at least 50% of the patients are:
    - Enrolled in a public program;
    - At 200% of FPL or lower with no public or private coverage; and
    - DHPSA

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Populations & Settings

- While the design was created to direct treatment to those most in need, enough latitude exists to have only marginal meaning.

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Community Dental Health Coordinator (CDHC)

- Like the DHAT the individual is drawn from the community to be served
- 18 month education program, pilots at UCLA, Univ. of Oklahoma and soon at Temple Univ.
- Primary role is as a demand aggregator, patient navigator. This includes:
  - Individual and public health education & literacy
  - Community and organizational networking
  - Cultural competency
  - Barrier resolution
  - Work with other health care professionals & organizations
  - Triage, scheduling & work chairside with dentist

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CDHC – Page 2

- Clinical Scope
  - Preventive
    - Fluoride
    - Sealants
    - Polishing
    - Limited scaling
  - Temporary Restorations
  - Screening
  - Diagnostic data collection
- Supervision
  - General/Remote for most procedures
  - On-site when dentist is present
  - Direct authorization for Temporary Restorations
- Regulation
  - Undetermined at present

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CDHC (Continued)

A New Dental Team Member with Community Health Worker (CHW) Skills *(concept before program moved to CAPIR)*

CAPIR's POV:

A Community Health Worker with dental skills

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Seven Roles of CHWs

- Bridging/cultural mediation between communities and health and social service systems
- Providing culturally appropriate health education and information
- Assuring people get services they need
- Providing informal counseling and social support
- Providing informal counseling and social support

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Seven Roles of CHWs – Continued

- Advocating for individual and community needs
- Providing direct service, such as first aid and administering health screening tests
- Building individual and community capacity

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Facts about CHWs

- Approximately 120,000 CHWs working in the U.S.
  - *Source: Health Resources and Services Administration. Community Health Workers National Workforce Study. HRSA 2007; Available at URL: http://bhpr.hrsa.gov/healthworkforce/chw/default.htm*
- For every dollar spent on the CHW there is a reduction in health care cost of $2.28
  - *Source: Journal of Health Care for the Poor & Underserved 2006 by Elizabeth Whitley & others*

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The CDHC Focus

The CDHC's focus is on reducing the oral health disparities by targeting ***social determinants*** of oral disease and improving access to dental care

PRIMARY PREVENTION

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Other Proposals

- Pediatric Therapist
- Supervised Dental Health Aide Therapist type of position
- OHP (interim language in MN – still referenced by some)

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Political Environment

- Michigan – recent death may lead to increased calls
- Funding – with restricted revenues, policymakers seek “flashy” solutions with low costs
- Squeaky Wheel – one of the most frequently heard health care complaints to legislators involved dental care
- Cost Containment – While Democrats may have been traditionally more attuned to these proposals, many Republicans embrace them with an eye toward cost containment in one of each state’s biggest line items – health care costs.

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Political Environment

- Increase Access - Many are legitimately concerned
- Re-election – Usually a politicians first concern. How can I look good to most of those who elect me?
- Shiny & New - Foundation support is accelerated by new proposals, not traditional answers. Additionally, workforce creation is a more measurable metric
- Education Turf - We saw this emerge as an issue in MN as competing university systems entered into the fray.

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Example of Foundation Perspectives

Guiding Principles on New Dental Workforce Models

- **The Pew Children's Dental Campaign believes children should see a dentist when needed**, and when possible. However, we recognize it is not always possible. Therefore, Pew supports state innovations that show promise in improving access to preventive and restorative services for children who cannot access care. Pew supports state efforts to expand the existing dental health care team with new providers. States are pursuing the development of new dental providers because:
  - **Millions of low-income children suffer needlessly** from untreated dental disease. This serious problem is caused in part by a shortage of dentists who will treat them.
  - **Shortages of private dentists persist and will worsen.** By the year 2014, the number of dentists retiring will outpace the number entering the workforce, and the ratio of dentists to population will be the lowest it has been in 100 years. Few dentists locate in rural and frontier areas.

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Foundation Perspectives - Continued

- **Medicaid dental programs are chronically underfunded.** Most **s**tates pay below the cost of providing the service, and few cover dental care for parents or other adults.

- **People who cannot afford private dentists have limited options.** The dental safety net of community health centers, dental school clinics, and hospitals only serves about 10 percent of the 82 million people who need it. Hospital emergency rooms—which are a last resort for uninsured patients—only treat for pain and infection, not underlying problems.

The Pew Campaign's guiding principles for supporting states' dental workforce innovations are:

- Proposals for new workforce models should be **based on research and evidence,** from both **domestic** and **international** sources.

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Foundation Perspective - Final

- Models should be based on a **careful analysis** of the state's particular experience and needs. This should include collecting baseline data on who is not served by the current system, the current workforce, and funding for care. Work should involve a strong, broad-based partnership of stakeholders.
- The **duties and scope of practice** of new providers should be designed to address the needs and problems identified in the state's analysis. Priority should be given to preventive and restorative care for children.
- New dental providers should be **adequately educated** to perform their scope of services competently. Educational requirements should conform to national and international experience and standards. Educational costs to the student must be minimized to ensure student debt does not create an economic barrier to serving in a safety net setting.
- States should adopt the **least restrictive level of supervision** that maintains patient safety. Supervision requirements that go beyond the level supported by evidence unduly limit the ability of new dental providers to bring quality care to the children who need it.

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Public Perceptions

- Are comfortable with medical mid-levels
- Want lower costs
- Want more access
- Mixed opinion on quality and safety
- May distrust institutions
- Overwhelmed by information

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What's the Answer?

- Well that depends. . .

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