# Workforce Innovations in Oral Health

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CHWS
Center for Health Workforce Studies

# The Center for Health Workforce Studies at the University at Albany, SUNY

- Based at the University at Albany School of Public Health
- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- Broad array of funders



CHWS Center for Health Workforce Studies

# Today's Presentation

- Oral health workforce research experience
- Making the case for oral health workforce research
- Key themes from our work
- Using research findings to inform workforce strategies to increase access to oral health

# Oral Health Workforce Research Experience

- The Professional Practice Environment of Dental Hygienists in the 50 States and the District of Columbia, 2001 (HRSA),
- Dental Hygiene Master File Project, 2006-08 (ADHA),
- White Paper, The Oral Health Workforce in the U.S. in 2010 (IOM), and
- The Oral Health Curriculum in Physician Assistant Education Programs (NccPA) 2014

# Oral Health Workforce Research Experience: State Oral Health Care Access and Workforce Assessments

- New Hampshire (2011)
- North Dakota (2011-12)
- Maine (2012-13)
- Michigan (2014-15)
- Kentucky (2015)

# Oral Health Workforce Research Center under a Cooperative Agreement with HRSA

- Year 1 Projects (2014-15):
  - Update the Professional Practice Index for Dental Hygienists in the 50 States and the District of Columbia,
  - Comparison of Medicaid Dental Claims Data in Two States with Different Adult Dental Benefits,
  - A Study of the Dental Assistant Workforce in the U.S. ,
  - Case Studies of Eight Federally Qualified Health Centers to Describe Oral Health Services Delivery and Oral Health Workforce Innovation, and
  - Case Studies of Oral Health Service Delivery Models Used in Long-term care Settings.

# Making the Case for Oral Health Workforce Research

# Increasing Evidence of Links Between Oral Health and Physical Health

- Periodontal disease and dental caries are associated with:
  - Coronary artery disease, including stroke and endocarditis,
  - Diabetes
  - Pre-term birth and infant mortality,
  - Systemic infections in patients with implants and joint replacements, and
  - Substance abuse.

# Medical and Dental Services Tend to be Siloed

- Different delivery systems
- Different insurance systems
- Limited communication between systems
  - EMRs don't interface with EDRs
  - Referral networks between physicians and dentists are limited
- FQHCs are a notable exception
  - Statutorily required to provide or refer for oral health services

# Oral Health Disparities Are Challenging

- Population-specific:
  - The poor, minorities, including American Indians, children, people with special needs, the elderly, among others,
  - Oral health literacy is lower for groups with limited access to oral health services.
- Geographic:
  - Rural
  - Inner city urban

# Uneven Access to Oral Health Services is a Public Health Crisis

- The most common (and preventable) chronic disease of childhood is dental caries
- Contributes to employability, productivity and lost time from work (adults) or school (children/adolescents)
- Manifested by an increasing number of costly ambulatory–care sensitive ED visits for oral health problems

# Key Access Barriers

- Oral health literacy
- Oral health provider availability
  - Shortage/maldistribution
  - Willingness to treat Medicaid patients
  - Scope of practice limitations
- Resources to pay for care
  - Even those with dental insurance may be subject to high co-pays or limited service coverage
  - Limitations on Medicaid dental coverage, particularly for adults

# Key Themes Emerging from our Research

What makes a positive impact on oral health access and the oral health of the population?

- Integration of oral health and primary care
- Workforce innovations
  - Primary care workforce providing oral health assessments
  - Expanded function dental hygienists and dental assistants
  - New categories of oral health workers, e.g., dental therapists, community dental health coordinators
- Team based approaches to oral health service delivery
- Local solutions to oral health access issues

# Case Studies of 8 FQHCs in 9 States: Strategies for Integrating Oral Health & Primary Care

- Study findings from this research highlights all of the key themes
- FQHCs are uniquely positioned to provide integrated, patient centered health and oral health services
- FQHCs have exceptional opportunities to innovate, especially novel workforce that increase access to oral health services for underserved populations

# FQHCs Use Team Based Approaches to Delivering Oral Health Services

- The traditional dental team is the base
  - Dentists, dental hygienists, dental assistants
- Primary care providers extend the team
- Oral health team innovations
  - Public health dental hygienists
  - Community dental health coordinators
  - Dental therapists, Dental hygiene therapists
  - Expanded function dental assistants

# Dental Residents And Student Externs and Interns Contribute to FQHC Staffing

- FQHCs benefit from precepting dental residents and students
  - Enhances capacity to meet demand for oral health services
  - An important tool for recruitment of new oral health professionals
    - Use incentive programs such as loan repayment
- Students (dentists, DHs, and DAs) and residents benefit from rotations in FQHCS
  - Increases awareness of the need for services among the underserved

# FQHC Oral Health and Primary Care Integration Strategies

- Integrated or interoperable electronic health and dental records
- Oral health assessment at medical intake
- BP checks and health histories at dental visits
- Requiring patients in the dental practice to also be primary care patients
- Scheduling oral health assessments by dental hygienists as part of annual pediatric well visits up to three years of age

# Increasing Capacity of Primary Care Workforce to Conduct Oral Health Assessments

# Survey of Physician Assistant Education Programs: Integrating Oral Health Assessment into Curricula

- Survey found that 78% of PA education programs include specific curriculum on oral health and oral disease
- 93% provided didactic instruction and 60% also provided clinical training in conducting an oral examination and identification of oral disease
- 25% of respondents reported using inter-professional training opportunities with their students
- Future study will survey active PAs on barriers and facilitators of integrating oral health evaluation and examination into clinical practice

# Expanded Function Dental Hygienists and Dental Assistants

# Updating the State-Specific Dental Hygiene Professional Practice Index (DHPPI) Scores

- The Dental Hygiene Professional Practice Index (DHPPI) is a numerical scale that quantifies the SOP (i.e. the legal practice environment) for dental hygienists (DHs) in each state
- The DHPPI was developed in 2001
- Higher scores on the DHPPI are generally associated with broader sets of tasks, more autonomy (i.e. less direct oversight) and greater opportunities for direct reimbursement for dental hygienists (DHs)
- This project updated the state-specific DHPPI scores to reflect SOP in 2014

# Scope of Practice (SOP) for DHs Has Broadened in Many States

- High scoring states in 2001 remained high scoring in 2014
- Some states noticeably advanced DH SOP
  - Montana moved from a satisfactory ranking in 2001 to excellent in 2014
- Some states lost ground in comparison to their previous rankings
- More states recognize public health practice for dental hygienists permitting provision of preventive services under general supervision or unsupervised and without prior examination by a dentist

# Does SOP Matter?

- Conditions for practice affect patients' access to services
- In 2001, the DHPPI was significantly correlated with a number of indicators of utilization of oral health services and oral health outcomes
- In 2014, multi-level modeling found a significant relationship between a broad scope of practice for DHs and positive oral health outcomes in state population

# Existing Scale May Not Accurately Assess Current Ideal Practice for DHs

- Variables in the Index were developed in 2001
- Some states have achieved near perfect scores in 2014 using the 2001 index
- Need to update and account for expanded tasks and allowable restorative services
- Critical elements a new scale might include:
  - The ability to supervise dental assistants (some services require two handed dentistry)
  - Provision of basic restorative services that benefit from dental oversight, supervision, and consultation
  - The ability to provide local anesthesia  without direct supervision for certain periodontal procedures

# Dental Assisting Workforce Study Findings

- Limited data sources on dental assistants (DAs)
- DAs characterized by variability:
  - Multiple educational pathways into dental assisting, from OJT to formal dental assisting training programs
  - Variation in state requirements for DA training, titles, and allowable tasks; e.g. identified over 40 titles based on tasks, training and qualifications

# Expanded Function Dental Assistants (EFDAs)

- EFDA is an emerging DA classification
- Permitted to perform more complex tasks:
  - Preventive functions - coronal polishing, fluoride varnish, sealant application
  - Restorative functions – placing and finishing dental restorations, creating temporary crowns
- Signs of increasing state-level standardization for EFDAs, including requirements for education/training, competency testing, and certifications
- Using EFDAs on oral health teams is believed to contribute to greater capacity and efficiency for dental providers

# State and Local Strategies to Expand Access to Oral Health Services

# Workforce Innovations in Maine

- Enabled several types of dental hygiene practice including traditional dental hygiene, public health dental hygiene, independent practice dental hygiene, and dental hygiene therapy
- The dental hygiene therapist is permitted to perform some restorative functions
- Expanded function dental assisting is allowed
- Dental hygienists in expanded roles can bill Medicaid directly
- Maine has a medical initiative, Into the Mouths of Babes, that trains primary care providers to screen and place fluoride in the mouths of young children

# Strategies to Expand Oral Health Access in Michigan

- Michigan has enabled a robust public health dental hygiene program
  - Approximately 200 dental hygienists work in 50 public health programs providing services in clinics, mobile dental vans, migrant farm worker programs, among others.
  - DHs in this program annually treat tens of thousands of safety net patients
- Michigan has contracted with Delta Dental to manage all dental services for Medicaid eligible children in the state through the Healthy Kids dental program
  - The program has received national attention because of the sustained increased utilization of dental

# Local Solutions in Michigan

- Points of Light – linking pediatricians and community dentists willing to treat children through a web based application that permits referral in real time
- Altarum Project – uses a state immunization surveillance system to build a referral network for oral health services
- Calhoun County – pay it forward oral health initiative that engages community social service providers, dentists, and patients in earning points to receive oral health treatment services
- Michigan Community Dental Clinics – a consortium of approximately two dozen county and regional departments of health that created the largest group dental practice in the state

# Local Solutions in California

- Virtual Dental Home
  - permits registered dental hygienists in advanced practice to screen, assess, and seek dental consultation about children's oral health treatment needs
  - Demonstration prompted passage of legislations to pay for teledentistry services

# Local Solutions in Kentucky

## North Fork Valley Community Health Center

- An Appalachian initiative
- A consortium between the University of Kentucky School of Medicine and a local FQHC
- Uses a mobile dental van (Ronald McDonald Charities)
- Provides screening, assessment, and treatment services in conjunction with a fixed clinic at an FQHC for more complex services

# Using Oral Health Workforce Research to Inform Programs and Policies

- Who are the stakeholders?
  - Federal  government
  - State planners and policy makers
  - Health and oral health professionals
  - Health care providers and their associations
  - Consumer advocates
  - Oral health coalitions
  - Educators
  - Patients

# Resources

**The following reports are posted to the Oral Health Workforce Research Center website at**

http://www.oralhealthworkforce.org/resources/ohwrc-reports-briefs/

- Baker B, Langelier M, Moore J, Daman S. *The Dental Assistant Workforce in the United States, 2015*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; October 2015.

- Langelier M, Moore J, Baker BK, Mertz E. *Case Studies of 8 Federally Qualified Health Centers: Strategies to Integrate Oral Health with Primary Care*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; September 2015.

# Resources (con't)

**The following reports are posted to Center for Health Workforce Studies website at** http://chws.albany.edu/reports/

**Oral Health Curriculum in Physician Assistant Education Programs**

- Langelier MH, Glicken AD, Surdu S. Adoption of Oral Health Curriculum by Physician Assistant Education Programs in 2014. *J Physician Assist Educ*. 2015;26(2):60-69.

**2001 Dental Hygiene Scope of Practice Study**

- The Professional Practice Environment of Dental Hygienists in the 50 States and the District of Columbia, 2001

http://bhpr.hrsa.gov/healthworkforce/supplydemand/dentistry/dentalhygieneenvironment.pdf

# Resources (con't)

**The following state-specific reports are posted to Center for Health Workforce Studies website at**

http://chws.albany.edu/reports/

## Michigan

- Langelier M, Surdu S. *Oral Health in Michigan*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; June 2015.

## Maine

- Langelier M and Continelli T. *Report of the Survey of Dental Safety Net Providers in Maine*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. December 2012.

- Langelier M, Moore J, and Continelli T. *The Oral Health Workforce in Maine*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. December 2012.



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# Resources (con't)

## Maine (con't)

- Langelier M and Moore J. *Executive Summary of the Report of Interviews of Oral Health Stakeholders in Maine.* Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. November 2012.
- Langelier M and Surdu S. *Assessment of Oral Health Delivery in Maine: An Analysis of Insurance Claims and Eligibility Data for Dental Services, 2006-2010.* Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. September 2012.
- Langelier M, Moore J, Surdu S, and Armstrong D. *Oral Health in Maine, A Background Report*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. January 2012.

## New Hampshire

- Langelier M, Armstrong D, and Continelli T. *Oral Health in New Hampshire: A Chartbook for the New Hampshire Oral Health Access Strategy Workgroup.* Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. July 2011.

# Questions?

For more information,
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