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Innovative Oral Health Care Delivery Models: Registered Dental Hygienists in Alternative Practice

State Practice Act Workforce Issues and
How They Impact Access

American Association of
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Overview

- History of Independent Hygiene
- Legislation and Regulation in California
- RDHAPs and Access to Care
 - The people
 - The business of practice
 - The practice environment
 - Patients and systems
- Conclusions & Implications



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Brief History of Dental Hygiene

Who are RDHAPs and how did they get here?

- 1900s – Resistance to assistance
- 1950s / Post-WWII – Desperation for assistance
- 1970s – Increase in female workforce
- 1980s & 1990s – Health care markets and access to care
- 2000 and beyond – Health disparities mar the oral health landscape

Nothing radical or new about the idea of independent hygiene, has been in development for 50+ years



Legislative/Regulatory Background

- What is “new” is the implementation of the idea
- Twenty-three year process in California (1980 – 2003)
 - Two Health Manpower Pilot Projects (HMPP)
 - Two Lawsuits – First won by hygiene, second lost on a technicality, hence second HMPP
 - Final compromise to enactment restricted independent practice to underserved areas
 - Point of change of state practice act
 - Five years “legal” before “reality” due to lack of an education program
 - Ongoing issues include:
 - Prescription requirement, referral agreement, limitations on scope, Denti-cal payment, self-regulation
 - Ongoing changes in state practice act
 - Payment issues
 - Dental Assisting Changes

Comparison of Professional Practice Agreements in California

	Supervision Requirement	Expanded Duties	Agreement Type	Institution Role in Agreement
RDHAP	No	No	Documented DDS Relationship	No
Public Health Hygienists	Yes-General	No	Standing Orders	Yes
Direct Entry Midwife	No	No	MD Referral Agreement	No
Nurse Practitioner	No	Yes	Standardized Procedure	Yes
Certified Nurse Midwife	No	Yes	Standardized Procedure	Yes
Physician Assistant	Yes - Direct	Yes	Delegation of Services Agreement	Yes
Public Health Nurse	No	Yes	Standardized Procedure	Yes
Registered Nurse	No	Yes	Standardized Procedure	Yes



Study Focus: Access to Care

- **As an Outcome**
 - Measured by utilization rates
 - Predictors are decay rates, age, race, SES, etc.
- **As a Process**
 - No static measures of a process, multiple pathways and intervening factors
 - Mediated by social, legal and professional boundaries
 - Examined through qualitative interviews focused on understanding experience of people in the system



The Process of Expanding Access

- **Who does it?**
- Who do they do it for?
- What do they have to do to do it?
- What is the environment in which they do their work and how does this impact their doing it?



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RDHAP Distinctive Workforce Characteristics

- As a group, compared to RDH's they:
 - Are more educated,
 - Are more diverse,
 - Are more active in the labor market,
 - Work longer hours per week with more administrative time,
 - Are more likely to consult with other health care providers,
 - Are more likely to see special needs patients,
 - Provide a broader range of services within their scope,
 - Are more likely to work in non-traditional settings, and
 - Express a commitment to professional growth, access to care and service to underserved populations and communities.



Motivations to become an AP

Pushes

- Dissatisfaction with private practice
- Poor relationship with dental employers - betrayal
- Perception of poor quality in dental offices
- Frustration with not being able to see patients with special needs in private practice

Pulls

- Mission driven – desire to serve, freedom to develop own business
- Independence - pioneering, initiative, resilient
- Professional rewards - autonomy, choice, agency, teamwork within other health systems



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RDHAP Patients & Settings

- Homebound and institutionalized elderly
- Developmentally disabled / residential care homes
- Denti-Cal Patients
- Rural children and families
- Migrant farm workers
- Pregnant women and their children / WIC
- Community clinic clients
- Public health clients
- State institutionalized adults



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The Business of Practice

- Business plans
 - Develop in education program, many go on for more education in this
 - Clinicians, case managers, multiple roles and sites
- Developing payment structures
 - what will I charge?
 - Who will I charge?
- Start up money and equipment
 - Mobile equipment runs \$25K, need small business loan, and must develop charting systems
- Building the business
 - Strategies vary by setting and community
 - Diversification helps mitigate risks
 - Creating awareness of services for consumers as well as health care systems
- Overcoming Resistance / Building Relationships



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Structural Conditions of Practice

- Laws/Regulations
 - Allow practice but also limit it
 - Title 22/OBRA – vague construct creates confusion
- Care systems
 - RN, LTC homes, Schools, Clinics, etc
- Payment systems
 - Denti-cal, self pay, insurance companies
- Competitive (anti?) practices of dentists
 - Lawsuits, exclusion from institutions, slanderous marketing & fear mongering, betrayal of trust, exclusion of suppliers or collaborators.. The list goes on...



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Innovations in Care Delivery

- Patient centered process
- Committed to making positive change – mission driven
- Resilient – take a hit (or three) and get back to it
- Pioneering – delivering care where none existed before
- Transformative potential?
 - Building new relationships with communities and collaborative practice models
 - Independence allows for creativity
 - RDHAP practice models are anything but independent!
 - Unearthing system failures and inequalities previously hidden from view
 - Reintegrating oral health into overall health



Implications

- Modification of state practice acts is a necessary but not sufficient step in the development of new workforce models and subsequent access to care improvements
- Lessons learned from the RDHAP
 - Mandates work
 - Must have support from multiple systems – political, financial, professional, educational
 - Pilot programs are essential, more could be done to facilitate workforce pilots and scope of practice review
 - A focus on patients, not the professional hierarchy, is required if advances in the development of new models are to result in improvements in access to care



Purpose of Regulation*

- Defining Scope of Practice
- Assumptions:
 - Purpose of regulation – public protection – should have top priority in scope of practice decisions, rather than professional self interest
 - Changes in scope of practice are inherent in our current healthcare system
 - Collaboration between healthcare providers should be the professional norm
 - Overlap among professions is necessary
 - Practice acts should require licensees to demonstrate that they have the requisite training and competence to provide a service



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