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 Community Dental Programs Pre-session

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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
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

<table>
<thead>
<tr>
<th>Role</th>
<th>Supervision Requirement</th>
<th>Expanded Duties</th>
<th>Agreement Type</th>
<th>Institution Role in Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDHAP</td>
<td>No</td>
<td>No</td>
<td>Documented DDS Relationship</td>
<td>No</td>
</tr>
<tr>
<td>Public Health Hygienists</td>
<td>Yes-General</td>
<td>No</td>
<td>Standing Orders</td>
<td>Yes</td>
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<tr>
<td>Direct Entry Midwife</td>
<td>No</td>
<td>No</td>
<td>MD Referral Agreement</td>
<td>No</td>
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<tr>
<td>Nurse Practitioner</td>
<td>No</td>
<td>Yes</td>
<td>Standardized Procedure</td>
<td>Yes</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>No</td>
<td>Yes</td>
<td>Standardized Procedure</td>
<td>Yes</td>
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<tr>
<td>Physician Assistant</td>
<td>Yes-Direct</td>
<td>Yes</td>
<td>Delegation of Services Agreement</td>
<td>Yes</td>
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<tr>
<td>Public Health Nurse</td>
<td>No</td>
<td>Yes</td>
<td>Standardized Procedure</td>
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<tr>
<td>Registered Nurse</td>
<td>No</td>
<td>Yes</td>
<td>Standardized Procedure</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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?
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
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?
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
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?
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
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?
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…
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

*Changes in Healthcare Professions’ Scope of Practice: Legislative Considerations https://www.ncsbn.org/ScopeofPractice.pdf
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- **NEW** Overview of Nurse Practitioner Scopes of Practice in the United States – Discussion (2007)
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