



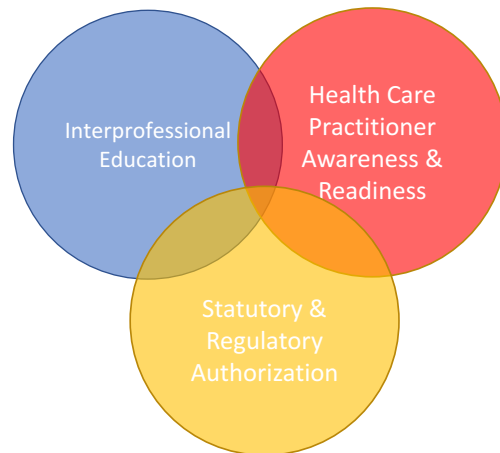
American Association for Community Dental Programs

Improving Access to Care Through Interprofessional Collaboration

Sunday, April 23, 2017
Ann Battrell, MSDH
ADHA Chief Executive Officer



Improving Access & Interprofessional Collaboration Multifactorial Issues





Commission on Dental Accreditation (CODA)
Accreditation Standards for Dental Hygiene Education Programs
Standard 2-15

Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care

Intent:

The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team **and have educational experiences that involve working with other health-care professional students and practitioners.**

Examples of evidence to demonstrate compliance may include:

- student experiences demonstrating the ability to communicate and collaborate effectively with a variety of individuals, groups and health care providers.
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- Evaluation mechanisms designed to assess knowledge and performance of interdisciplinary communication and collaboration



ADHA Dental Hygiene Program Director
Survey 2015

53a. Does your institution offer interprofessional education courses?

	Overall	Cert.	AS	Degree Complete	BS	MS	Post-MS
Yes	38%	57%	33%	62%	54%	48%	0%
No	62%	43%	68%	38%	46%	52%	100%
Base	182	7	123	21	37	21	1

53b. If YES, with which other professions are your students working? (Select all that apply)

	Overall	Cert.	AS	Degree Complete	BS	MS
Nursing	62%	75%	60%	62%	60%	60%
Medicine	14%	25%	8%	23%	30%	30%
Pharmacology	17%	25%	13%	23%	25%	30%
Dentistry	39%	25%	28%	39%	55%	30%
Social services	12%	0%	10%	15%	20%	10%
Other	59%	75%	58%	85%	65%	60%
Base	65	4	40	13	20	13

54a. If your institution DOES NOT currently offer interprofessional education courses, do you plan to offer them in the future?

	Overall	Cert.	AS	Degree Complete	BS	MS	Post-MS
Yes	49%	33%	41%	89%	67%	67%	100%
No	51%	67%	59%	11%	33%	33%	0%
Base	110	3	83	9	18	12	1



Statutory and Regulatory Authorization

39 Direct Access States Settings, Requirement, Services, Supervision Kansas 2003/2012

- o **Extended Care Permit I, II & III (ECP):**
- o Dental hygienist may practice without the prior authorization of a dentist if the dental hygienist has an agreement with sponsoring dentist. Examples of settings are schools, Head Start programs, state correctional institutions, local health departments, indigent care clinics, and in adult care homes, hospital long term units, or at the home of homebound persons on medical assistance. The ECP I permit authorizes treatment on children in various limited access categories, while the EPT II permit is for seniors and persons with developmental disabilities. ECP III permit authorizes dental hygienists to treat a wider range of patients, including underserved children, seniors and developmentally disabled adults and to provide more services than ECP I and II.
- o **Requirements:** Dental hygienist must have 1,200 clinical hours or 2 years teaching in last 3 years for ECP I; 1,600 hours or 2 years teaching in last 3 years plus 6 hour course for ECP II. Dental hygienist must also carry liability insurance and must be paid by dentist or facility. ECP III requires 2,000 hours clinical experience plus 18 clock hour board approved course. Dentist can monitor a maximum of 5 practices.
- o **Provider Services:** ECP I and II provide prophylaxis, fluoride treatments, dental hygiene instruction, assessment of the patient's need for further treatment by a dentist, and other services if delegated by the sponsoring dentist. ECP III can additionally provide atraumatic restorative technique, adjustment and soft reline of dentures, smoothing sharp tooth with handpiece, local anesthesia in setting where medical services available, extraction of mobile teeth.



Health Care Practitioner Awareness and Readiness





ADHA 2016 Survey of Dental Hygienists in the US.*

Overall Dental Hygiene Respondents Practice Settings:

- 51.3% Private Solo Dental Practice
- 1.8% Multi-Specialty Clinic
- 3.4% Public Health Clinic/Agency
- 2.4% FQHC
- 1.5% CHC

Breakdown by 1-5 years in practice:

- 54.3% Private Solo Dental Practice
- 3.6% Multi-Specialty Clinic
- 4.3% Public Health Clinic/Agency
- 3.5% FQHC
- 3.1% CHC

*Conducted Nov/Dec 2016. Data under analysis. 8, 107 respondents

5/3/17

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Uncertain Trend Lines

- IPE Into DH Curriculum
- Translation from Education to Practice
- Impact of Statutory & Regulatory Provisions
- Awareness & Readiness of Health Care Providers



94th Annual Conference



Ann Battrell, MSDH
annb@adha.net
312-440-8911