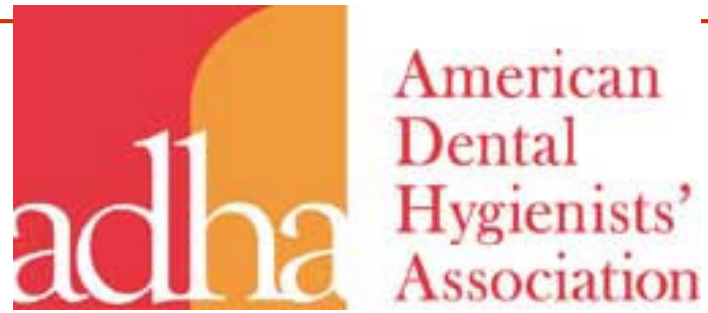




American
Dental
Hygienists'
Association

V i r g i n i a

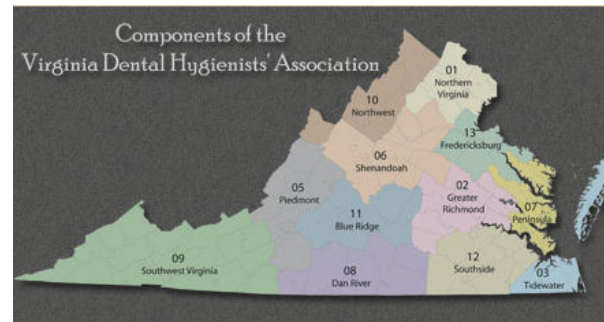
The Virginia Dental Hygienists' Association



National



State



Local Component

Our Mission

To improve the public's total health
and to advance the art and science
of dental hygiene

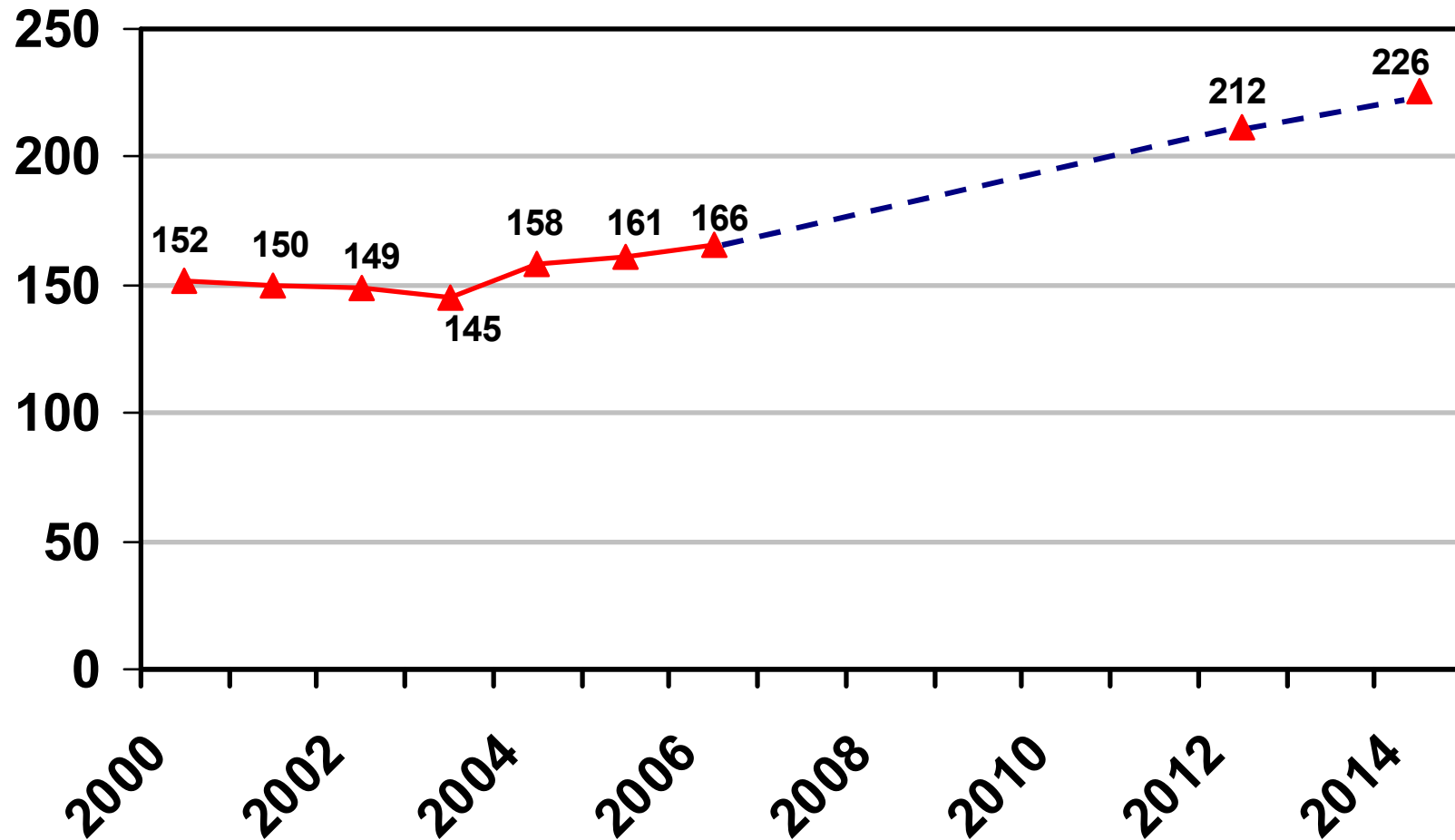
Trends in dental hygiene

- Gradual loosening of supervision, expansions in scope
- Movement towards providing services in public health settings
- Bulk of hygienists still practice in traditional settings

Is There a Shortage of Hygienists?

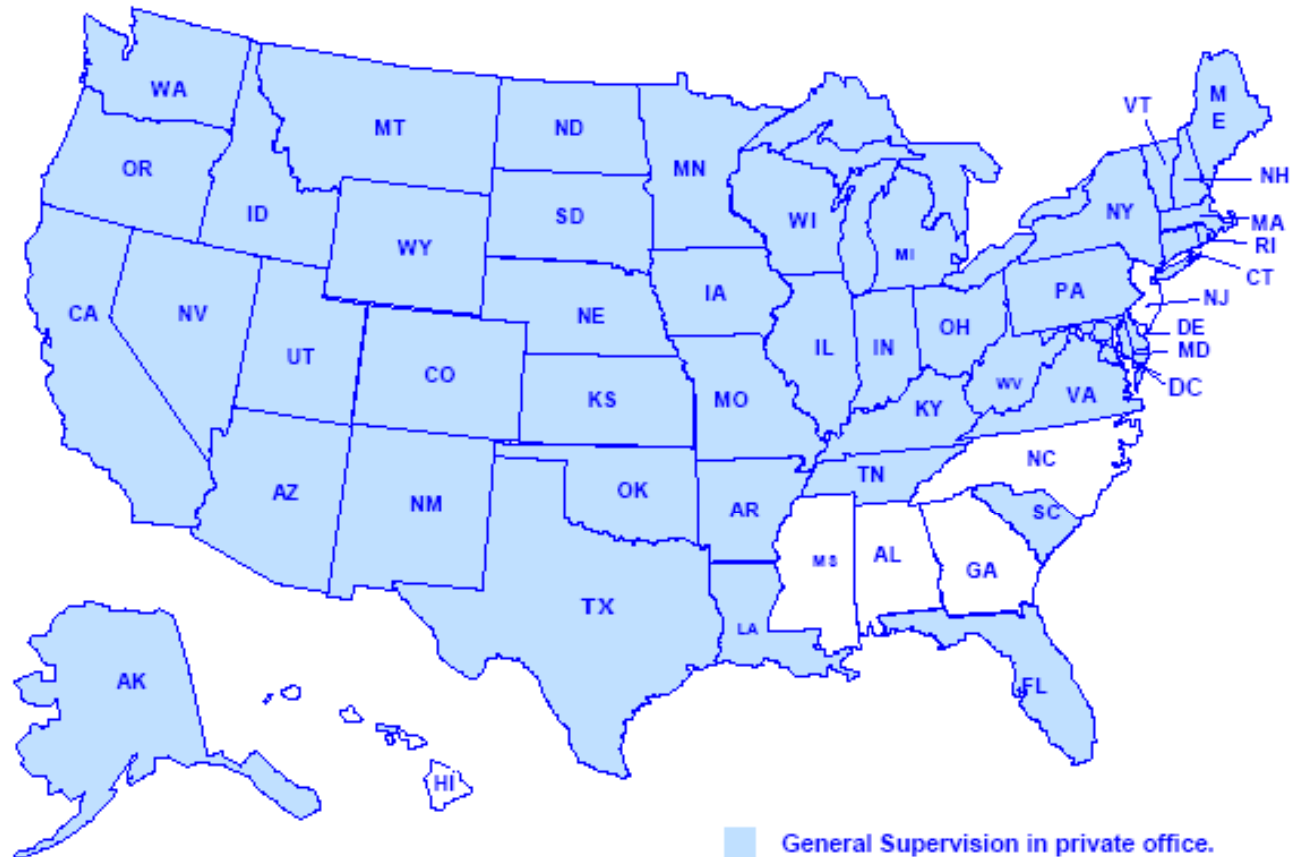
- 158,000 hygienists in 2004
- Expected to grow (>27%) by 2014
- Hygienists leave profession
- ADHA says that, due to supervision requirements in many states, hygienists must locate where dentists are, so they are distributed as well

Number of Employed Dental Hygienists, in thousands



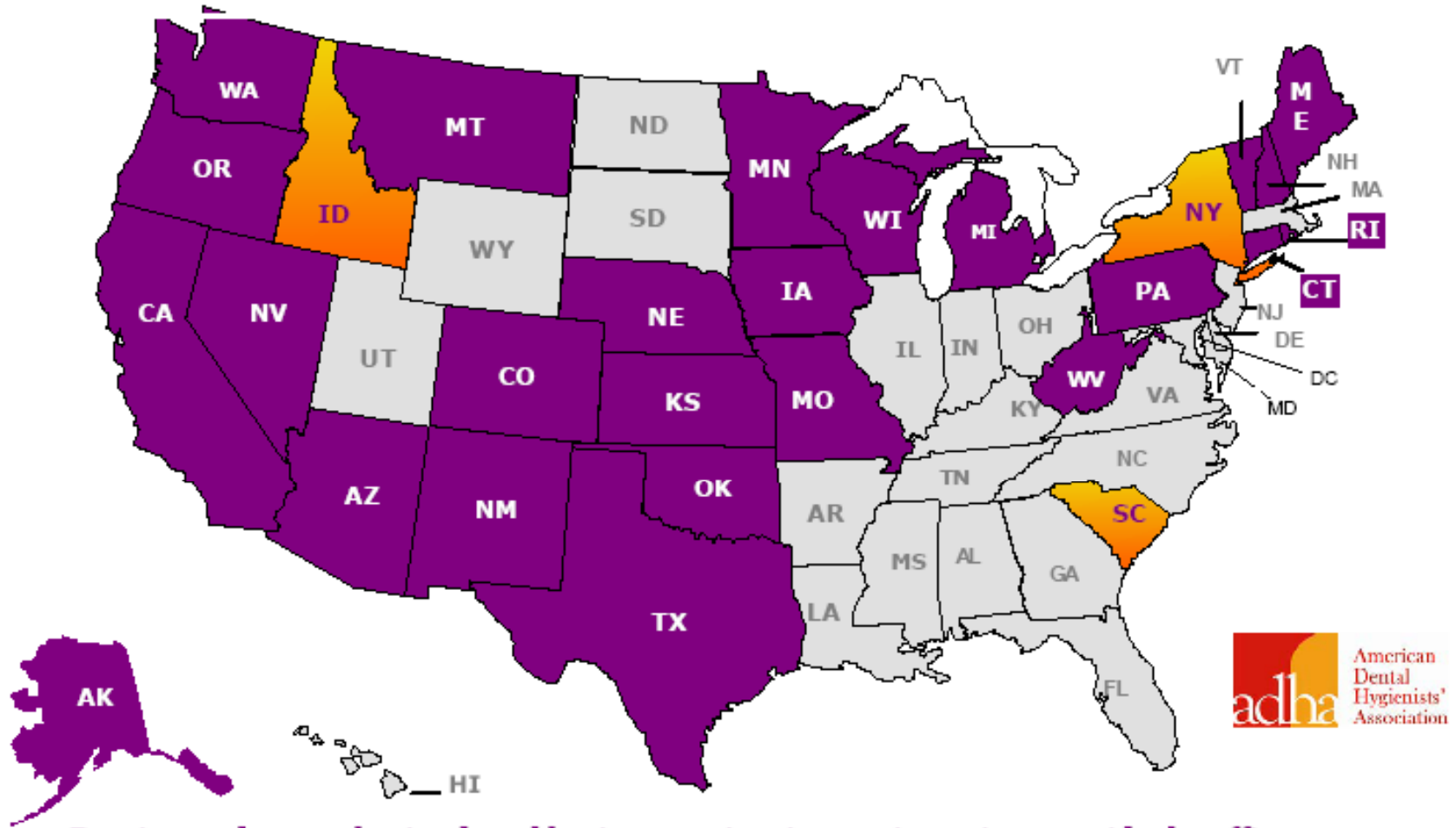
Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://www.bls.gov>

States that Permit General Supervision in the Dental Office



Direct Supervision means that a dentist must be present in the facility when a dental hygienist performs procedures.
General Supervision means that a dentist has authorized a dental hygienist to perform procedures but need not be present in the treatment facility during the performance of those procedures. August, 2008

Direct Access in Some Settings Outside the Dental Office



Dentist need not authorize dental hygiene services in certain settings outside the office.
Dentist need not examine patient before hygienist performs services in certain settings outside the office

Supervision and Payment for Hygienists

- General supervision in 45 states in dental office or some settings
- Direct access to patients in some settings in 22 states (AZ, CA, CO, CT, IA, KS, ME, MI, MN, MO, MT, NE, NH, NM, NV, NY, OK, OR, PA, RI, TX, WA)
- Medicaid can reimburse hygienists directly in 12 states (CA, CO, CT, ME, MN, MO, MT, NM, NV, OR, WA, WI)

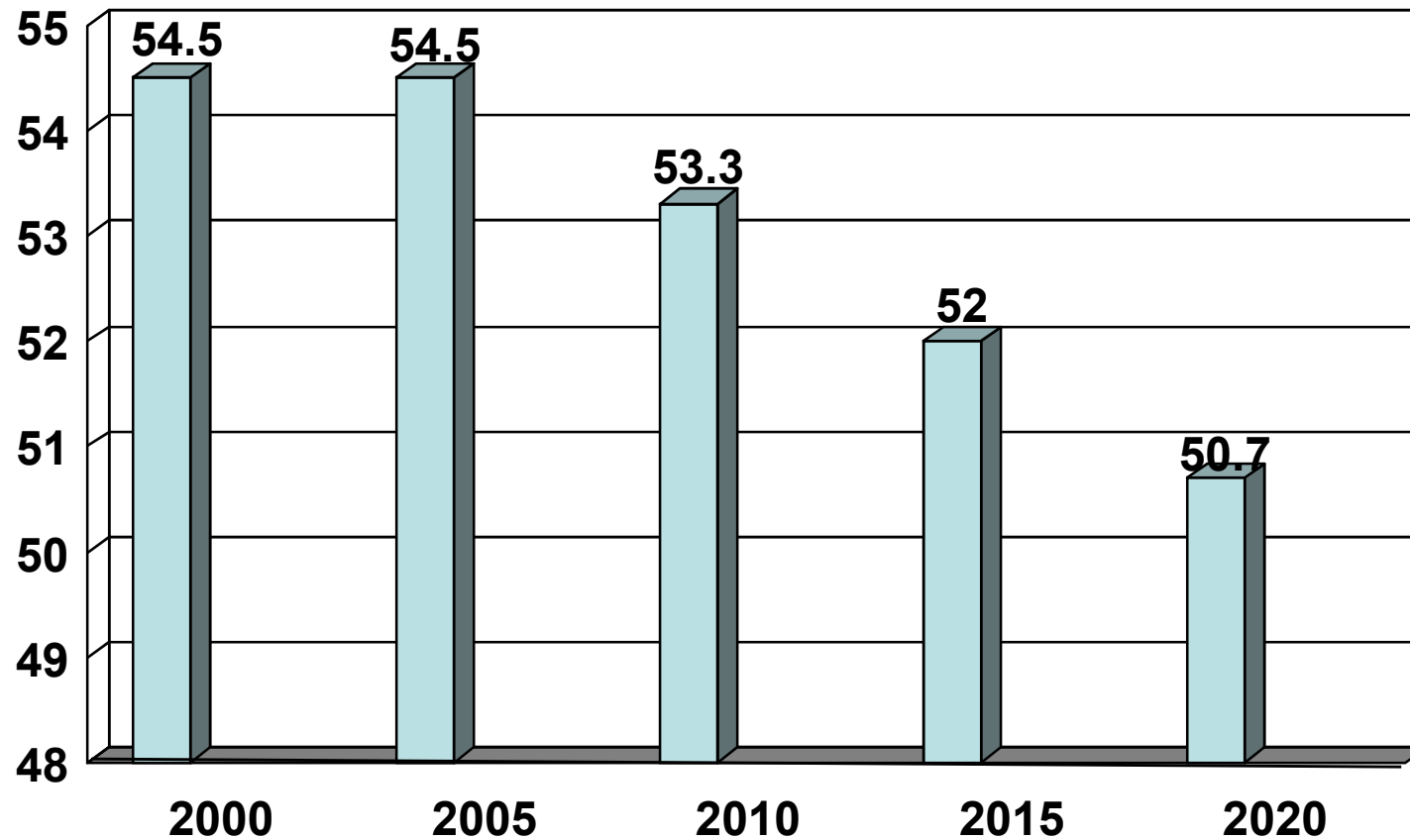
Dental Economics

- About 45% of patient visits are for hygiene services
- About 55% from insurance, 45% cash
- Very sensitive to downturns in the economy; experience with oversupply
- Overhead averages about \$.60-\$.65 of each dollar earned

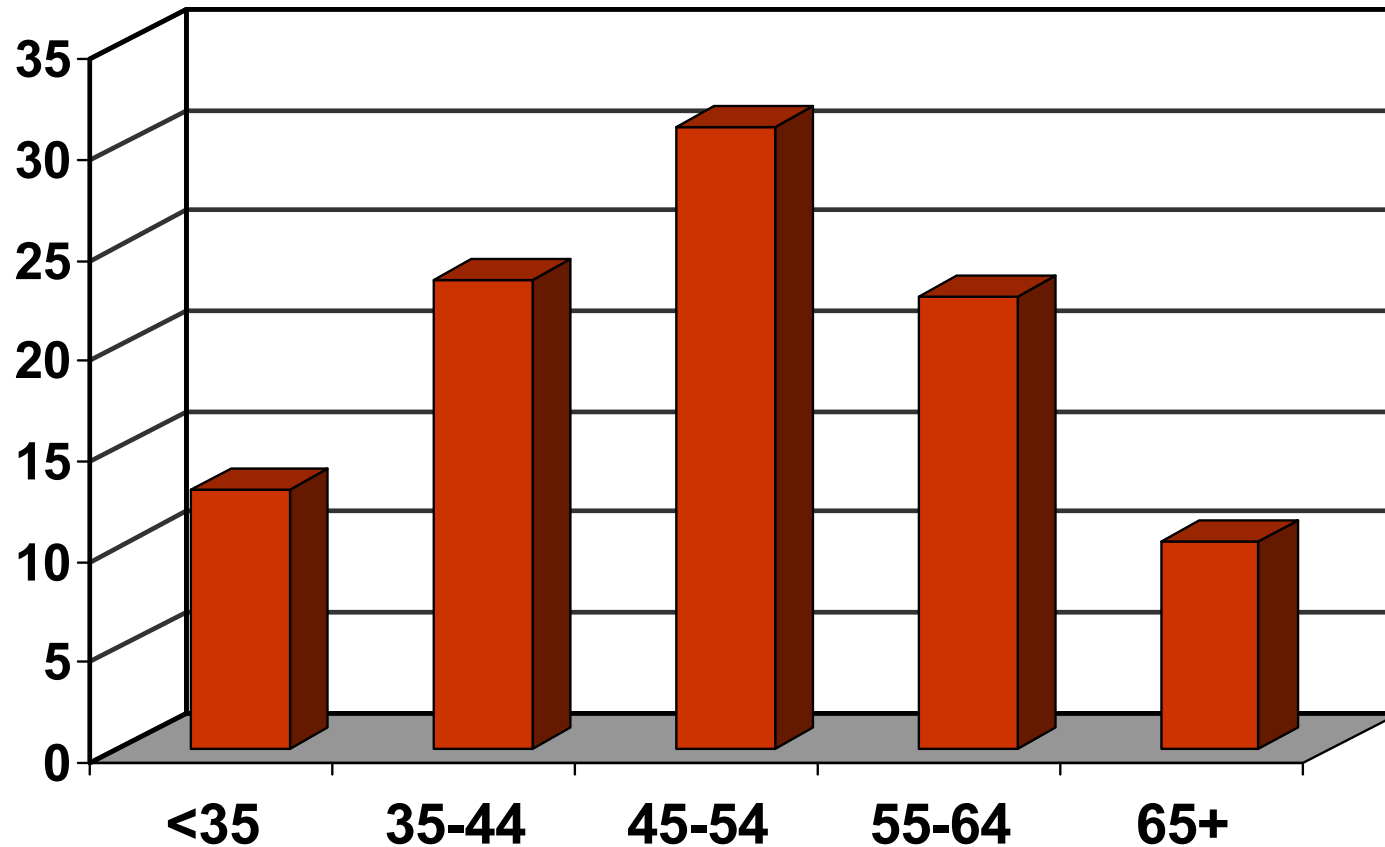
Nearly 6,000 dentists retire annually and approximately 4,300 enter the workforce

-National Rural Health Association, *Recruitment and Retention of a Quality Workforce in Rural Areas*, Washington, DC., 2006

Active Dentists per 100,000 Population



Age Distribution of Private Practice Dentists (2005)



Source: American Dental Association, 2005

Existing Models

- Dental therapist—New Zealand model
 - Called dental health aid therapist in AK; in use in 53 countries
- Oral health therapist—newer 3-yr program combines dental therapy and hygiene
- Expanded Function Dental Assistants
 - Underutilized; can expand productivity and profitability of dental practices
 - For state licensing, scope info, check:
<http://www.danb.org/main/statespecificinfo.asp>

Oral Health Services Professionals Can Provide

- Oral health evaluation (visual screening for decay)
- Application of fluoride varnish
- Patient and parent education
- Dispensing oral health supplies
 - Toothbrushes, toothpaste, xylitol gum
- Limited prophylaxis, antimicrobials
- Case referral

New Models for Dental Providers

- ADA model — Community Dental Health Coordinator (similar to Primary Dental Health Aides in Alaska)
- ADHA model — Advanced dental hygiene practitioner
- Pediatric Oral Health Therapist (a dental therapist specializing in children)

Community Dental Health Coordinator (ADA Model)

- *Prevention*: education, fluorides, sealants
- *Treatment*: gingival scaling, polishing
- *Restoration*: atraumatic restorative therapy
- *Supervision*: direct or indirect for services, general supervision for patient education

Advanced Dental Hygiene Practitioner (ADHA Model)

- *Prevention*: comprehensive services
- *Treatment*: manage periodontal care, prophylaxis, prescriptions
- *Restoration*: simple restorations, extractions
- *Supervision*: general supervision or unsupervised; in collaborative practice, or private dental offices

Dental Therapists

- *Prevention*: fluoride treatments, sealants
- *Treatment*: x-rays, prophylaxis, gingival scaling
- *Restoration*: simple restorations, stainless steel crowns, extractions
- *Supervision*: general supervision under standing orders

ADHP	DHAT	CDHC
Masters level	2-year program	12-18 months
Licensure	IHS certification (like licensure)	Certification
Curriculum has been finalized	In 53 countries	Planning
Seeking partners, \$, legislation, pilot program in 2 MN colleges	Proven model, many studies published. Pending legis. bars use in lower 48.	ADA has approved \$2 M for 3 pilot projects; pilot ruled illegal in MI

ADHP	DHAT	CDHC
True midlevel provider (RDH + 2 yrs)	Function like midlevels, but educated in less time	Close to dental assistant, social worker (not a midlevel)
Post-RDH career track	High school grads	High school grads
Could be supported by reimbursable services	Could be supported by reimbursable services	Supported by grants? Few reimbursable services

ADHP	DHAT	CDHC
Pool of RDHs ready to train	Recruited from underserved areas, groups	Not clear, dental assistants?
Risk assessment, case management	Basic preventive and restorative services	Prevention, education, case-finding for dentists
Useful to expand safety net	Useful to expand safety net	Useful for prevention, limited use in safety net



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