

Alternative Models and Emerging Practitioners: National Perspectives

American Dental Hygienists' Association: The Advanced Dental Hygiene Practitioner

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Megan Fitzpatrick

Director, Governmental Affairs, ADHA



American
Dental
Hygienists'
Association

Beliefs Shaping Health Care Delivery

- The oral and general health needs of the U.S. population are growing, and health care practice and education must evolve to meet them.
- Efforts must be undertaken to create an integrated health care delivery system.
- Health care stakeholders must work cooperatively to identify and remove barriers that restrict the public's access to oral health care.

Develop Solutions to Increase Access

- Coverage for care
- Reimbursement for care
- Cultural literacy on oral health
- Strengthen safety net
- Integrate oral and medical care
- Streamline health care delivery system
- **Optimize and further develop dental workforce**

Dental Hygiene Demographics

- 150,000+ licensed dental hygienists in U.S.
 - 130,000 active practitioners
 - 25% hold licenses in more than one state
- 310 entry-level education programs (AS and BS)
 - 60 Bachelors degree completion programs
 - 20 Masters programs
- Average entry-level program is 86 credit hours
- Approximately 6,000 students graduate from dental hygiene programs each year



Resource: ADHA Master File Survey of
Dental Hygienists' in the U.S. 2007

Dental Hygiene Practice

- **Licensed** providers in all states
- Preventive, therapeutic, limited restorative services, local anesthesia
- 29 states: **Direct Access** to dental hygiene services
 - CT, ME, MA, NH, RI, VT
 - Collaborative practice, public health supervision, etc.
- 15 states: **Direct Reimbursement** for hygienists under Medicaid
 - CT, ME, MA (pending)



Dental Hygiene Projections

**Profession anticipated to grow by 30%
from 2006-2016**

U.S. Dept. of Labor, Bureau of Labor Statistics Occupational Outlook Data:

Occupational Title	2006 employment	Projected 2016 employment	Change, 2006-2016	
	Number	Number	Number	Percent
Dental hygienists (SOC: 29-2021)	167,000	217,000	50,000	30

http://www.bls.gov/oco/ocos097.htm#projections_data

Retrieved 1.24.09



“Current workforce and enrollment trends indicate a strong demand for dental hygienists that will likely continue into the foreseeable future. Dental hygienists will increasingly augment the productivity of the dental team and extend the accessibility of oral health care.”

***ADEA Institute for Public Policy and Advocacy,
Dental Education At-A-Glance, 2004***

Optimize Dental Hygiene Workforce



Advanced Dental Hygiene Practitioner

- Builds on existing dental hygiene workforce
- Numerous international mid-level oral health models
 - Merge dental hygiene and dental therapy skills
- Precedent in U.S. – advanced nursing and medical mid-level models thriving, reaching patients



Developing the ADHP Concept

- ADHA's **2004** House of Delegates passed policy to establish the ADHP
- ADHA convened the **ADHP Task Force** to develop ADHP Competencies
 - 13 dental hygiene educators
- ADHA convened the **ADHP Advisory Committee** to solicit feedback on concept
 - Oral health stakeholder groups
- ADHA solicited feedback on draft Competencies from **200+ communities of interest**

Early Supporters of the ADHP!



ADHP Competencies

www.adha.org/adhp

- Master-level educated provider
- Licensed provider
- Focused on underserved
- Five Domains of Study:
 - I. Provision of Primary Oral Health Care
 - II. Health Care Policy and Advocacy
 - III. Management of Oral Health Care Delivery
 - IV. Translational Research
 - V. Professionalism

Why the ADHP?

More than a clinician!

Advocacy

- Community programming
- Policies to improve access
- Integration of oral and total health services

Clinic/practice management

- Resource management
- Reimbursement/fee scales

Quality assurance protocol

- Implement and maintain accountability protocol

Data evaluation and synthesis

- Measure patient outcomes
- Best practice development



ADHP Developments - States

Minnesota

- 2008/2009 – Legislation created Advanced Dental Therapist and Dental Therapist licensure categories
- First Masters program based on ADHP Competencies began in September 2009

New Hampshire

- 2009 – Access to Care Task Force will study ADHP and other potential access to care solutions

Connecticut

- 2004 – Legislature directs development of “mid-level”
- 2007 – Univ. of Bridgeport commits to ADHP Masters program
- 2009 – Legislation introduced to establish ADHP

ADHP Developments - Federal

- **FY 2006 Appropriations** language advised HRSA exploration of ADHP model
- **2009 CHIP Reauthorization** includes GAO study on “feasibility and appropriateness of mid-level provider”
- **2009 Institute of Medicine Workshop** on future of dental workforce
 - Emerging models considered
- **2009 Health Reform Legislation**
 - “Alternative dental provider” language
 - Grants/awards for dental workforce development
- **FY 2010 Appropriations**

The Work Continues – **Future Considerations**

- Educational program development
- ADHP programmatic accreditation
- Clinical examination
- Licensure
- Credentialing
- Integration into existing infrastructure
- **Stakeholder Engagement**

ADHA Contacts and Resources

Megan Fitzpatrick

Director, Governmental Affairs Division

meganf@adha.net 312.440.8942

Colleen Schmidt, RDH, MS

Director, Education Division

colleens@adha.net 312.440.8936

ADHP Information

<http://www.adha.org/adhp>

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