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Proposal 4:

Partner with North Oralington College of Dentistry (“NOCOD”) and NO State Department of Health in pilot testing use of new advanced dental hygiene provider team

Related Strategy

Promoting the use of new team models

Background

Two years ago, the NO state legislature convened a committee of dentists and dental auxiliaries, rural health care access experts, and labor economists to address dental workforce mal-distribution in NO and explore opportunities to improve access to adult dental care in Springdale County. The report of this committee, as well as other efforts by oral health advocates, resulted in dental state practice law reform which, among other provisions, now allows demonstration projects piloting the use of new alternative dental providers. The dental hygiene program at NOCOD and the NO state department of health has approached NOSDA about partnering in a demonstration project that looks at the effectiveness of a newly created advanced dental hygiene provider program at NOCOD aimed at specifically improving the oral health of low-income rural adults.

Proposed action

NOSDA will partner with NOCOD in a demonstration project to place three graduates of their newly accredited Master’s program in advanced dental hygiene practice in dentally underserved areas within Springdale county working under remote or general supervision of a general dentist. (Learn more about remote and general supervision by clicking here). In year two, NOCOD is planning to double the number of placements and consider a mandatory rotation for hygiene trainees to encourage further exposure and placement of dental workforce in Springdale County.

Anticipated cost

Costs will include \$200,000 to help support the development of a new Master’s program in advanced dental hygiene practice at University of North Oralington within two years, \$15,000 to offer CMEs to dentists on new dental team models and how they might integrate them into their practices, and \$85,000 in incentives (for capital costs, equipment costs, auxiliary salaries) for three dentists who agree to participate in demonstration projects using new dental team models.

Description	Year 1 Cost	Year 2 Cost	Ongoing Cost
Advance Dental Hygiene Program at NOCOD	\$200,000	\$ -	\$ -
CDE curriculum program on new dental team models	\$7,500	\$7,500	\$ -
New dental team model incentives for dentists	\$85,000	\$ -	\$ -
Total	\$292,500	\$7,500	\$ -

What are new dental team models?

Dental teams are groups of dental professionals who work together across their types and “levels.” Dental teamwork is the norm in the U.S., where states regulate all teamwork norms including supervision structure, delegation of duties, and levels of autonomy. Historically, dental teams have been supervised directly by dentists, who bear the ultimate responsibility for the safety and well-being of patients, and the security and stability of the practice.



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However, as the dental professions undergo a period of diversification and expansion, and the duties of existing professions grow and change, new dental team models are emerging. For example, dentists can utilize general, remote, and tele- options to supervise dental hygienists and assistants from a physical distance, whether elsewhere in the practice or from across the state. In those few states that permit advanced dental hygiene practitioners and dental health aide therapists, dentists may enter into collaborative practice, referral and oversight networks, and other teamwork formations specific to direct access auxiliaries.

While none of these new team formations is without critique, they are all meant to improve the quantity and quality of patient care and the health of the practice through a number of means: distributing tasks appropriately, maximizing efficiency, controlling costs, preventing provider burn-out, and seizing upon payer mix scenarios that facilitate underserved patients' entry into the dental marketplace.

How do new dental team models work?

Collaboration and support from community stakeholders (ie. dentists, insurers, public health officials) is crucial for the success of any new proposed dental team model. In many cases, state dental practice laws may have to be changed in order to allow a novel dental team to practice in a clinical setting. Some examples include options include (1) general supervision of expanded function dental assistants, (2) remote- and tele- supervision of registered dental hygienists, and (3) collaborative practice with advanced dental hygiene practitioners.

In some cases, the state may choose to pass legislation which would allow its Medicaid department to directly reimburse a new dental team model for services rendered.

What are some things to consider about promoting new dental team models?

- What do you think it would take to convince dentists to enter into new team models? Incentives? Education? Competition from dentists located outside of Springdale County who elect to open up practices using new team models in Springdale County? How would you navigate these dynamics?
- How comfortable do you feel engaging colleagues on a contentious topic in order to advocate for a strategy that you believe in or open minded about? The ADA has explicitly refuted direct access auxiliaries and the ADHA expresses concern over an increase in assistant-delegable duties, both despite evidence that these shifts in practice norms are not only safe and non-threatening to the respective professions, but actually productive for the practice in terms of profitability and reducing burn-out.
- What is the reality of the available workforce's willingness to participate in these models? Are there local dentists who would be willing to participate in or spearhead them? Are there recent graduates who might relocate to open a practice based on a dental team model?
- What is the availability of dental hygienists and assistants, especially those who have or are willing to get advanced training, to staff the team? What do you think it would take to convince them to enter into new team models? Incentives like very low interest small business loans or innovative models that support work/life balance? Education about the opportunities of owning their own business?
- How can dental team models prepare themselves to stay profitable in an economic climate in which cuts to Medicaid-covered services are constant threat/reality?
- How would you recommend that practices handle payer mix considerations, especially among safety net patients who need to be seen by a collaborating private practice dentist once every 18 months in order to continue being seen by the Medicaid-billing advanced dental hygienist practitioner?

What are some examples where use of new dental team models have worked before?

Working with direct access dental hygienists in collaborative practice can have a number of benefits for dentists including focusing on more lucrative procedures and cultivating banks of auxiliaries who can provide coverage when staffing gaps occur.



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- <http://pdhaonline.org/wp-content/uploads/2010/05/Alternative-DH-Practice-Opps-10-10.pdf>

Some dentists appreciate that working with dental therapists frees them from doing more routine or rote work, in order to focus on more interesting or complex treatments.

- <http://www.startribune.com/business/162430866.html?refer=y>

There are a variety of dental team models available to be used in almost all legal statutes and all financing models. This link summarizes the variety of models available:

- http://futurehealth.ucsf.edu/Content/29/2011-01_Collaborative_Practice_in_American_Dentistry_Practice_and_Potential.pdf