

The Impact of Changing Workforce Models on Access to Oral Health Care Services

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The Oral Health Workforce Research Center at CHWS

- The [Center for Health Workforce Studies \(CHWS\)](#) has more than 20 years' experience studying all aspects of the health workforce:
 - Established in 1996
 - Based at the University at Albany School of Public Health
 - Committed to collecting and analyzing data to understand workforce dynamics and trends
 - Goal to inform public policies, the health and education sectors, and the public
 - Broad array of funders in support of health workforce research
- CHWS has a cooperative agreement with the US Health Resources and Services Administration (HRSA) for an [Oral Health Workforce Research Center \(OHWRC\)](#). This is the 4th year of an 8 year agreement to study the workforce delivering oral health services.

Today's Presentation

- Key themes emerging from our research in oral health
- Overview of our observations of changes in the oral health service delivery system
 - Organic change as a result of systemic influences
- How systemic change is generating new workforce models
- Specific examples of program and workforce innovation at a state or local level

There is Growing Evidence of Ongoing Systemic Change in Oral Health

- Emphasis on improving oral health
- Focus on prevention and early intervention
- Greater emphasis on risk assessment
- Emergence of team based models of care delivery
- Integration of oral health services into primary care settings
- Drive to encourage use of diagnostic codes
- Growth in use of electronic dental records
- Consolidation into large group practices
- Growth in the dental safety net
- Initiatives to move oral health services to community settings
- Use of technology to improve access

Key Themes Emerging From Our Research: What makes a positive impact on oral health access and the oral health of the population?

- Integration of oral health with primary and behavioral health service delivery
- Workforce innovations
 - Expanded functions for existing workforce
 - New categories of oral health workers
 - Primary care workforce
- Multiple points of entry to the oral health system
- Team based approaches to oral health service delivery
- Local solutions and program design to mediate specific oral health access issues
- Improving insurance status of the population

Workforce is Often Ignored in Discussions About Effecting Change Yet it is an Essential Element in Actualizing Systemic Goals

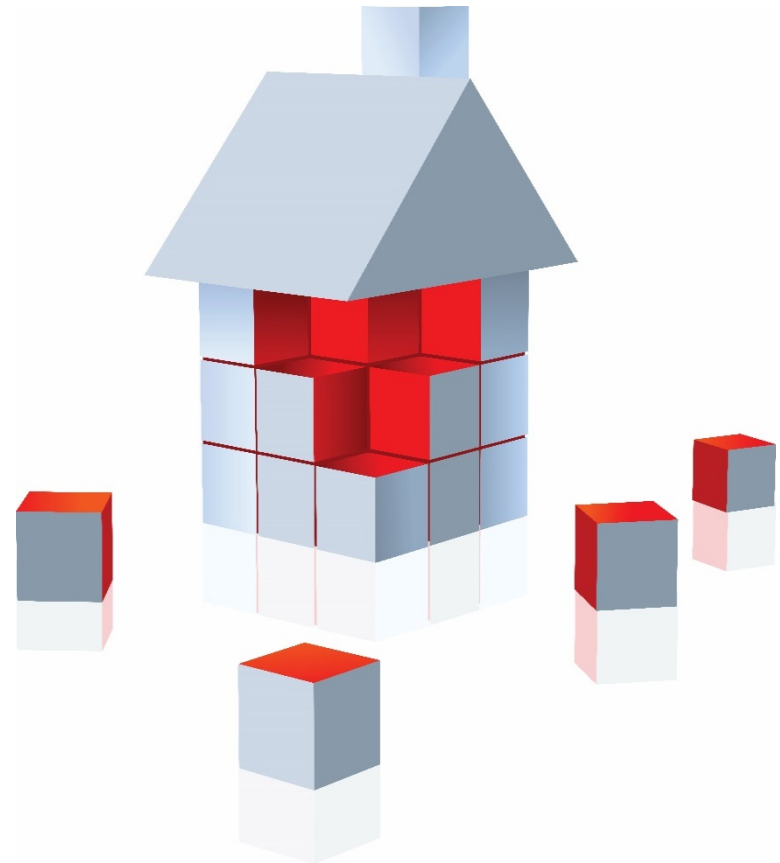
- Healthcare workforce is the **ACTIVE** element in effecting change in oral health service delivery
- Many components of effective workforce policy
 - Educational pipeline – formal education and training programs, continuing education, competency based training models
 - Accreditation of programs
 - Certification and licensure of professionals
 - Scope of practice that assures ability to work to full level of competency
- Structural changes/ passive supports are necessary to enable workforce activities
 - Supportive regulation
 - Appropriate reimbursement methodologies
 - Innovation in technology
 - Opportunity for practice in expanded settings
 - Changes in curricula to accommodate expanded competencies, new technology, and emerging science

Drivers of Change in Workforce Policy in Recent Years Are Numerous

- Workforce shortages: Dental Health Professions Shortage Areas
- Uneven distribution of dentists particularly in smaller population areas
- Changing public policy
- Demographics
- Racial/ ethnic oral health disparities
- Limited resources to pay for care
- Technology
- New dental materials
- Consumer demand for alternative providers
- Market forces
 - desire for convenient care – dental support organizations

The Impact of Systemic Change on the Oral Health Service Delivery System

- Oral health service delivery is no longer exclusive to private dental practice.
- Providers are more distributed and diverse in location and constitution
- Care delivery is more patient centered.
- Increased efforts to bring services to the patient rather than bringing the patient to the provider
- Providing services in various settings is more challenging in dentistry than medicine because of the procedure oriented nature of practice
- Innovation depends on an oral health workforce working at high levels of professional competence



There are Many Impacts of the Shifting Paradigm on the Oral Health and Health Workforce

- Expansion of roles for existing workforce
 - Expanded function dental assistants
 - Public health dental hygienists, Independent practice dental hygienists, Collaborative practice dental hygienists
- New workforce models
 - Community dental health coordinator
 - Dental Therapists – Dental Hygiene Therapists
- Engagement of medical professionals
 - Interprofessional education, Smiles for Life
 - Training primary care clinicians to screen and refer and medical assistants and nurses in application of fluoride, especially for children
 - Integration of health services especially in safety net settings

Oral Health Teams Are Constituted Differently in Different Settings

Federally Qualified Health Centers

- Dentists
- Dental Students
- Dental Residents
- Dental Therapists/Dental Hygiene Therapists
- Expanded Function Dental Assistants
- Dental Assistants
- Dental Hygienists
- Public Health Dental Hygienists
- Community Dental Health Coordinators
- Community Health Workers
- Medical clinicians
- Social Workers

Schools

- School Nurse
- School Secretary
- Dentist
- Dental Hygienist
- Dental Assistant



Primary Care Medical Practice

- Physician – Family practice, Internal Medicine, Pediatrics
- Physician Assistant
- Nurse/ Nurse Practitioner
- Medical Assistant
- Dental Hygienist

Skilled Nursing Facilities

- Medical Director
- Dentist
- Dental Hygienist
- Certified Nursing Assistant

Teams also Differ Depending on the Modality for Care Delivery

- **Mobile Dentistry**

- Dentist
- Dental Hygienist
- Dental Assistant
- Patient Navigator
- Logistics Coordinator
- Liaison at Host Facility

- **Teledentistry**

- General Dentist
- Specialty Dentist
- Dental Hygienist
- Information Technology Personnel
- Patient Navigator



There is no standard template for program design

- Service provision varies
- Program design is determined by
 - Need in the population
 - Evaluation of existing oral health resources and providers in communities
 - State regulation regarding requirements for dental supervision of allied dental workforce
 - Scope of practice laws related to practice of dental hygiene and dental assisting
 - Insurance regulation regarding reimbursement for services

State Strategies To Provide Opportunities for Expanding Access Differ

Maine enabled several types of dental hygiene

- The dental hygiene therapist
- Expanded function dental assisting
- Dental hygienists in expanded roles can bill Medicaid directly
- Into the Mouths of Babes

Oregon uses demonstration/pilot authority to test innovation.

- Pilot program in Teledentistry
- Northwest Portland Area Indian Health Board pilot project

State Sponsored Initiatives in Conjunction with Local Programs Impact Access

- **Michigan** has enabled a robust public health dental hygiene program
 - Approximately 200 dental hygienists work in 50 public health programs
- **Michigan** has contracted with Delta Dental to manage dental services for Medicaid eligible children in the state through the Delta Healthy Kids dental program
- **Points of Light** - a Website to connect children with dentists – links pediatricians to community dentists willing to treat Medicaid insured children
- **Calhoun County** – pay it forward oral health initiative
- **My Community Dental Centers** – a consortium of 19 county and regional departments of health, the largest group dental practice in the state

Innovation is Driven by Local Need, Creative Use of Resources, and Engagement with Available Workforce

- While there are similarities in program structures and target audiences across the US, **local needs** contribute to idiosyncrasies in design in many places
- A few examples:
 - Lack of fluoridation in the community water supply
 - A mobile dental program sponsored by an FQHC determines that the focus catchment area should be an adjacent county
 - FQHC equipping a mobile van that could be used for dual purposes, both health and dental services
 - One FQHC allowed migrant workers to “drop in” for dental or health care appointments

Some Examples Of Local Innovation

Each of the following examples utilizes different resources and design which is determined by workforce, insurance, and regulatory policies in respective state

Access Dental Locates in Places Accessible to High Needs Patients

- Mobile van program with a focus on special needs patients
- Delivers services in 86 facilities in 23 counties in North Carolina
- Patient populations with compromised access to oral health services
- Dentists and dental hygienists provide services in the regional center for infectious diseases for HIV positive patients 3 to 5 days a month where they can interface with infectious disease specialists as needed
- The program provides a full range of dental services including dentures
- The founding dentist also provides surgical services in hospitals near patients' homes



Mobile Services Are Part of a Comprehensive System of Oral Health Service Delivery in Rochester, New York

- The SMILEmobile program at Eastman Institute for Oral Health
- 5 mobile dental units that routinely locate at neighborhood schools attended by children from low income families in Rochester, NY
- One unit is equipped for special needs populations
- Serves dental needs of 2,000 children in 17 schools
- In the summer units travel to surrounding counties to serve adults and children in need of services. For many students, the mobile van is their dental home
- Referrals to school based health centers and the Institute's specialty clinic are routine for children with extra need



A System of Care in Colorado Incorporates A Fixed Clinic, A Mobile Program, and Teledentistry

- Dental hygienist-founded independent practice, Senior Mobile Dental
- Mission to provide preventive oral health services for elders, especially residents of skilled nursing facilities
- Now a full service dental provider operating a fixed dental clinic and a mobile program, servicing:
 - residents of a municipal housing project
 - elders in community centers,
 - residents of nursing homes, and
 - seniors in rural areas
- Uses store and forward Teledentistry applications
- The dental hygienist provides preventive services for the patient in the skilled nursing facility using portable equipment
- Dentist can log into the patient record to formulate a treatment plan



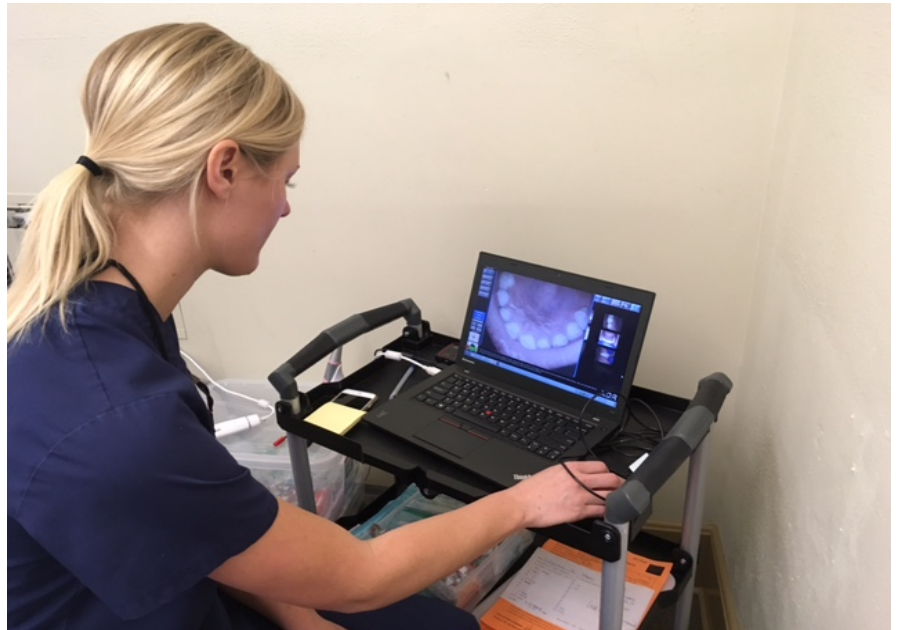
An FQHC In Pennsylvania Uses Dental Hygienists with Different Credentials To Improve Access

- Wayne Memorial Community Health Center, FQHC affiliated with the local hospital system
- County's only dental provider participating in state Medicaid program
- Uses expanded practice workforce in fixed clinic
- Integrates oral health into primary care practices
- Provides mobile services
- In the dental clinic, dental hygienists prep patients for restorative services providing local anesthesia
- EFDAs place and carve restorations after dentist preps the tooth
- Public health dental hygiene practitioner employed by the FQHC is certified as a community dental health coordinator
- Provides outreach, case finding, community education, and preventive oral health services in primary care practices, schools and Head Start programs



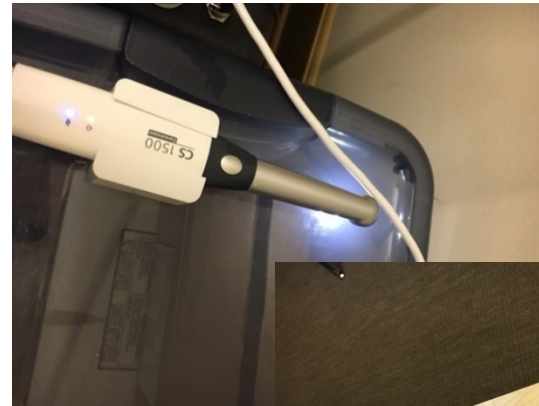
Teledentistry Services in Rural Western New York Are a Gateway to a Dental Home

- Teledentistry services at Finger Lakes Community Health Center focus on children's specialty dental services
- Children generally from low income families in rural areas
- Synchronous specialty dental consults in real time
- The dental specialist/pediatric dentist is located at the Eastman Institute for Oral Health in Rochester.
- A FLCH dentist or dental hygienist is with the patient at the dental clinic during the consultation.
- 97.2% treatment completion rate (1 to 5 visits) in Rochester
- 77.1% of children subsequently establish a dental home at a FLCH dental clinic



The Virtual Dental Home in Salem, Oregon Allows Children to Remain in Their Communities for Preventive Services

- A virtual dental home (VDH) uses expanded practice dental hygienists (EPDH) to provide children in schools with preventive oral health services.
- The initiative is sponsored by a dental health maintenance organization (DHMO) that is a dental insurer and also part of a dental service organization (DSO).
- Serves students from families with a primary language other than English, live in rural areas, and work in agriculture
- EPDHs provide services in schools during the school year and in a pediatrician's office during the summer



Dental Hygiene Practices in Schools in Nevada and South Carolina Serve Thousands of Children Annually

- Dental hygienist entrepreneurs own school linked and school based oral health programs
- Provide a range of preventive services to school children
- In SC the DHs provide preventive services to 23,000 children in 46 school districts in an all-mobile format.
- Many are Medicaid eligible. The practice is mainly supported by revenue from services provided to the children
- The practice also participates with the state sponsored sealant program.
- In Nevada, DHs see about 4,800 children annually in the fifth largest school district in the nation.
- DHs provide preventive services in both fixed school-based oral health centers and in a mobile format.
- The program participates with the state sealant program.
- Services are mainly supported through grants and philanthropy.



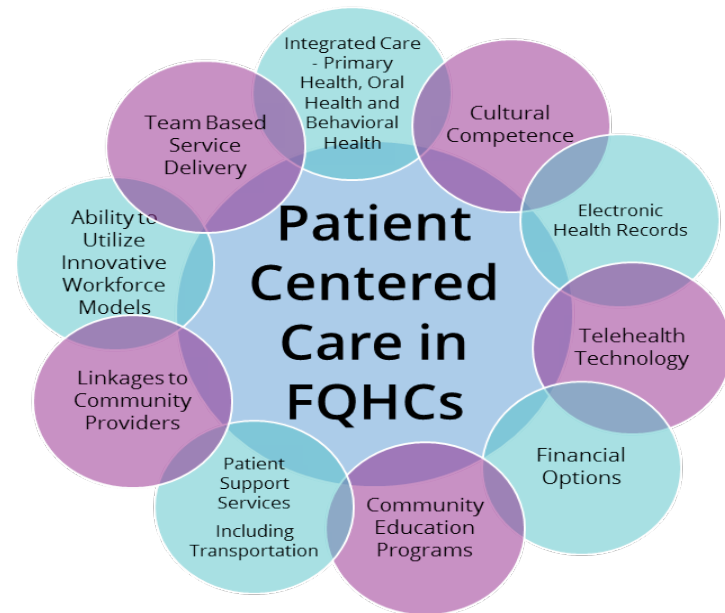
Residents of a Skilled Nursing Facility in NH Routinely Receive Dental Services

- Northeast Mobile Dental provides services for nursing home residents in 3 states
- Public health dental hygienist in NH collaborates with dentist to provide services in two skilled nursing facilities
- The dentist and dental hygienist alternate weeks in the facility
- The organization is capitated for services



FQHCS are Important Innovators in the Communities They Serve

- Services are co-located
- Reducing structural barriers to integration
- Warm hand-offs between clinical disciplines
- Provide a comprehensive health home
- Mission driven workforce
- Workforce comprises multiple professions to address social and health needs
- Health care teams have flexible boundaries
- Integrated electronic health records enable continuity of care
- Use innovative oral health workforce models and team based care



Strategies Used by FQHCs to Foster Integration Vary

- Patients receiving oral health services are required to be primary care patients
- DHs are routinely scheduled to provide screening services during periodic well child pediatric visits
- FQHCs engage primary care clinicians with oral health screening and referral
- Offer oral health services in school based health centers, in mobile and portable programs, or using teledentistry
- Embed a dental hygienist in the off-site primary care practices.
- Use a team approach to providing services
- Recognize the importance of building connections with other providers in their local communities

Primary Care and Oral Health Services Are Integrated in a Variety of Ways

- Hepatitis C positive patient without medical care or insurance
- Patient in dental chair having difficulty sitting due to leg pain.
- Dental staff performing A1C screenings
- Dental hygienist participating in a primary care patient consultation
- Locating a staff member from an FQHC in an ED
- Weekly dental clinic in an infectious disease clinic
- Dental hygienist educating staff and providing preventive services in a nursing home
- Community health workers in migrant camps scheduling visits.
- CHWs in home visiting programs for high needs patients
- Routinely taking blood pressure before injection of epinephrine
- Inviting new mothers to bring their babies to the dental clinic at one year of age.
- Sponsoring baby showers for new mothers.

Thank You

Questions?

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