

Collaborative Dental Hygiene Practice in Minnesota

“Limited Authorization” extends the reach of dentistry



Historical Perspective:

- 1999- Discussion began at DHS Dental Access Advisory Committee meetings
- 2001- Limited Authorization (Collaborative Practice) became law
- 2003- Law strengthened
- 2005- Law expanded to include full scope of dental hygiene practice

Other States with less restrictive supervision of dental hygienists:

- New Mexico
- California
- Oregon
- Maine
- Washington
- New Hampshire
- Michigan
- Colorado

Limited Authorization for Dental Hygienists Minnesota Statute 150A.10, subd. 1a

- May be employed or retained by a health care facility, program, or non-profit organization.
- Must have been engaged in the active practice of clinical dental hygiene for not less than 2400 hours in the past 18 months or a career total of 3000 hours, including a minimum of 200 hours of clinical practice in two of the past three years.

Limited Authorization: Entering a Collaborative Dental Hygiene Practice

[Dentist-dental hygienist] collaborative practice is a dynamic process, a commitment to interact on a professional level, that empowers the participants to blend their talent to achieve a goal that neither can do alone.

Utilizes a collaborative agreement

Collaborative Agreement

- A formal written document that outlines the professional practice relationship between a licensed dental hygienist and a dentist.
- The services authorized in a collaborative agreement may be performed ***without the presence of a licensed dentist.***

Collaborative Agreement cont.

- Care may be performed ***at a location other than the usual place of practice*** of the dentist or dental hygienist and ***without a dentist's diagnosis and treatment plan***, unless specified in the collaborative agreement.

Employed or retained by a health care facility, program, or non-profit organization”

- Hospital, nursing home, home health agency
- Group home serving the elderly, disabled, or juveniles
- State-operated facility licensed by the commissioner of human services or commissioner of corrections
- Federal, state, or local public health facility
- Community clinic, tribal clinic, school authority, Head Start program
- A “non-profit” organization that serves individuals who are uninsured or who are Minnesota health care public program recipients

Questions arose...

How?



Where?

The destination was identified;
No one was behind the wheel.

Normandale's Leadership:

- 2003: Survey to MN licensed dental hygienists
- 2004: State-wide symposium
- 2004-2005: Three "Q and A" follow-up sessions and a continuing education (CE) programs
- 2005-2006: Collaborative practice website developed and implemented

Normandale Leadership continues:

- 2007-2008: BSS Calibration and presentations at out-state meetings
- 2007-2009: Collaborative /Advanced Practice credit course
- 2010: Currently developing learning modules, updating website and new CE initiatives

Survey Highlights

Survey Highlights:

- Interest in Degree Completion Programs
- Lifelong Learning/Professional Development
 - Restorative Expanded Functions
 - Continuing Education
- Interest in Alternative Practice Settings
- Reasons For Working or Volunteering in an Alternative Setting
- Questions Regarding Collaborative Agreements

Creative, non-traditional dental hygiene care initiatives:



ADPIE

- Design plans with your intended population
- Seek funding
- Create a business plan
- Select your equipment
- Talk to those currently involved with collaborative practice
- NCC collaborative practice website
- Safety Net Dental Clinic Manual (online)

Facilities/Equipment:

Various methods of service delivery

- Portable equipment
- Mobile vans, trucks
- Stationary equipment in schools
- Stationary equipment in long term care facilities

- ▶ [Endodontic Systems](#)
- ▶ [Implant Systems](#)
- ▶ [Portable Systems](#)
- ▶ [Military Field Systems](#)
- ▶ [Mobile Cart Systems](#)
- ▶ [Economy Air Systems](#)
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Deluxe Portable Electric Dental System
Model AEU-425
Model AEU-425FO

Aseptico's Transport II is a fully self-contained electric dental system. Quick and easy to set up and operate. Ready for travel. Available with optional piezo ultrasonic scaler and fiber optic handpiece configurations

Features include:

- 3-Way Air/Water Syringe
- Autoclavable 30k Motor
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- On/Off Foot Switch
- Easily Transported With Pull-Out Handle and Wheels
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- 110V or 220V Compatible!
- Optional ASC-10 Piezo Ultrasonic Scaler
- Optional Motor with light for fiber optic handpieces





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Portable Dental & Sealant Units
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Model ADC-01



AseptiChair, ADC-01

Operators Stool
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Model ATC-03CF



Portable Lighting
Portable Dental Lighting
Models ALU-27/ALU-29



Fold-A-Way-Cart
Model ATC-09

Portble X-Ray
Model ARU-01

**NOMAD Hand-Held
X-Ray System**
Models ARU-06CE

School-based: teacher role modeling



Head Start Centers:



Parent, Child, and Dental Hygienists: Oral Health Care Despite Language Barrier



- **Teledentistry**



Expanding Access

Existing Access to Dental Services



Dentist

1500 patients (average per year)

Proposed Expanded Access : Dental Hygienist (DH) with Collaborative Agreement



Dentist
1500 patients



DH

1500 patients:
Special Needs



DH

1500 patients:
Schools



DH

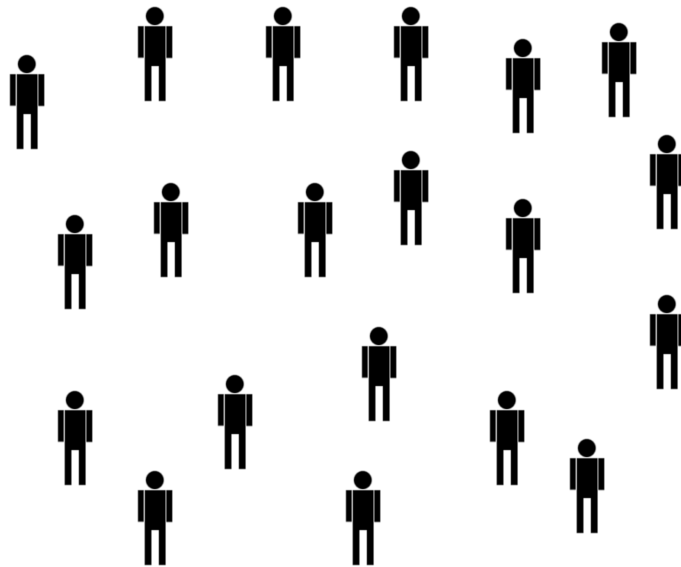
1500 patients:
Elder Care



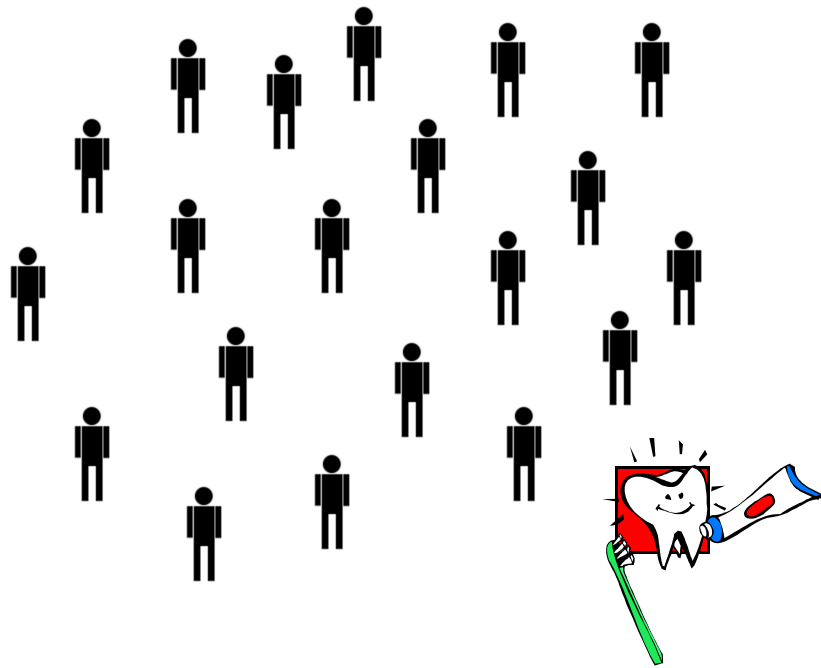
DH

1500 patients:
Head Start

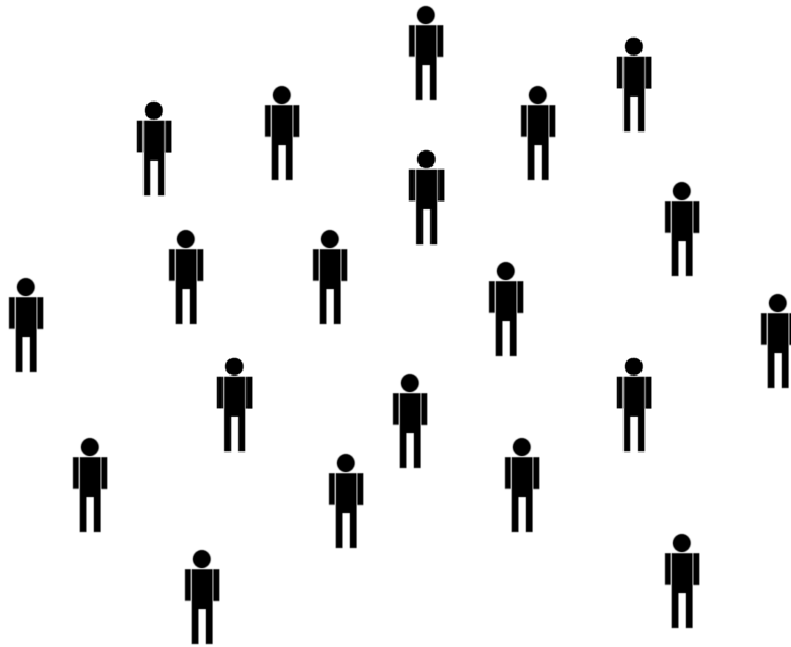
**Traditional Head Start “dental exam” process...
Twenty children schedule appointments in a private practice
dental office, i.e. must pass through a “little door” to obtain
the mandated “exam by a dentist”.**



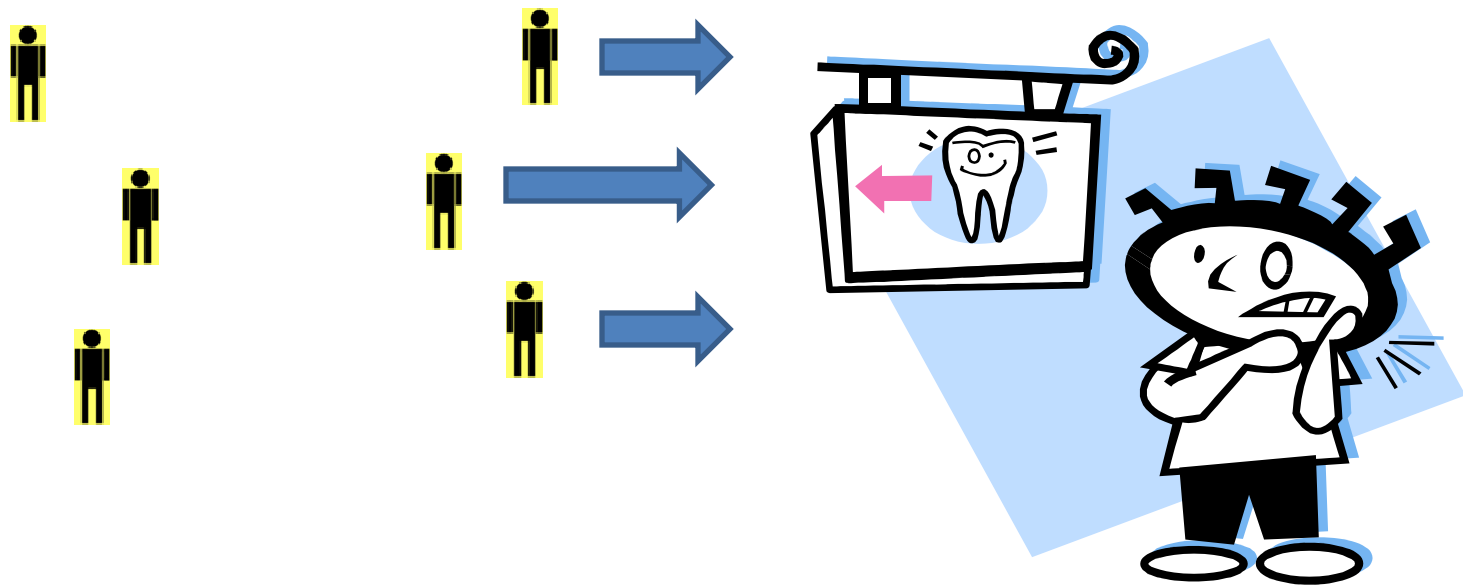
Collaborative practice dental hygienist goes to the Head Start site and provides oral hygiene instruction, assessment, and triage to fulfill the Head Start dental exam performance standard, i.e. twenty children go through a “big door.”



Out of the twenty children assessed by the dental hygienist, typically only 5-6 have visible need, requiring direct referral to the dental office, i.e. < 30% of the class.



Of the 5-6 children who are identified with oral health needs, fewer than 2-3 have “URGENT” need, i.e. < 10% of the class. Those “urgent- needs” children are referred to the private practice immediately.



Financing a Program: How is a collaborative practice dental hygienist paid?

- Medicaid direct billing
- Fee-for-service
- Sliding fee scale
- Grant funding
- Philanthropic donations
- Foundation funding
- As an employee

Minnesota Public Healthcare Programs

Minnesota Department of Human Services

In 2003, DHS authorized dental hygienists working in collaborative practice arrangements to become Minnesota Health Care Program providers for billing purposes.

Grey Areas in the MN Statute

Q: Who carries the liability?

A: MN Statute 150A.10 subd. 1a (f). For purposes of this subdivision, a "collaborative agreement" means a written agreement with a licensed dentist who authorizes and accepts responsibility for the services performed by the dental hygienist.

Grey Areas in the MN Statute

Q: Does the dentist “have to” incorporate the patients seen by the dental hygienist as patients of record?

A. The law does not explicitly address this. As the language was carefully being crafted, organized dentistry took a strong “no” position.

Is Collaborative Practice Making a Difference?

A quote from a MN collaborative practice DH...

“That is an under statement. [You can’t imagine] the number of testimonials and thank you-s we receive on a regular basis from parents, public health nurses, social workers, school staff and others. Similar to public health nurses, we assess, triage and refer as needed. Like all hygienists we EDUCATE-- so important and rewarding. Like many public health workers say, this is the hardest job and most rewarding job we can do!”

KB March 2010

Conclusions

- Survey validates the desire of dental hygienists to meet the oral healthcare needs of the public
- The Clearinghouse has proven to be a reliable resource for guidance in the collaborative dental hygiene process (www.normandale.edu/dental)
- Attendance at professional development activities verifies the need for life long learning

Dental Hygiene Workforce: Students are the Future

- Promote and Inspire:
 - Concept of community health
 - Social responsibility
 - Life-long learning and professional development
 - Awareness of work opportunities in innovative settings

Next Steps

Strengthening the collaborative practice infrastructure:

- Follow-up survey
- Continuing education workshops and programs
- Clearinghouse upgrades to the website
- Work with dental hygiene educators
- Creative partnerships with shared vision
- Reconnect with the Minnesota Dental Association
- Strengthen Statute 150A.10, subd. 1a