Collaborative Dental Hygiene Practice in Minnesota

“Limited Authorization” extends the reach of dentistry
How did Minnesota Begin?

**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...

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:

- 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
Transport II Deluxe Portable Electric Dental System
Model ABU-425
Model ABU-123FO

Aspetico'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 Syringes
- Autoclavable 30k Motor
- Accepts All E-Type Handpieces
- High and Low Volume Evacuation
- Self-Contained Water Supply
- Self-Contained Air Compressor
- On/Off Foot Switch
- Easily Transported With Pull-Out Handle and Wheels

Weight: 54 to 60 lbs depending on configuration

110V or 220V Compatible

Optional ASC-10 Piezo Ultrasonic Scaler
Optional Motor with light for fiber optic handpiece

Endodontic Systems
Implant Systems
Portable Systems
Military Field Systems
Mobile Cart Systems
Economy Air Systems
Electronic Lab Systems
Technique Tractor
Handpieces
Rubber Dam
Rubber Dam Clamps
Visual Aids
Vacuum Components
Dental Sundries
Sealant Express
ACU-901X/ACU-902X
Portable Dental & Sealant Units
Two models to choose from.

AseptiChair
Model ADC-04

Operators Stool
Model ADC-92

Portable Tray Stand
Tripod stand with standard 12" a
5.25" stainless instrument tray.
Model ATC-93CF

AseptiChair, ADC-01

Portable Lighting
Portable Dental Lighting
Models ALU-22/ALU-29

Fold-A-Way-Cart
Model ATC-09

Portable X-Ray
Model ARU-01

NOMAD Hand-Held
X-Ray System
Models ARU-060E

http://www.aseptico.com/adc-01.html
School-based: teacher role modeling
Head Start Centers:

![Two children sitting on chairs](image1)

![A dental check-up](image2)
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
  - 1500 patients: Schools
  - 1500 patients: Elder Care
  - 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”.

Dental Office
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](http://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