Building Consensus on Access and Workforce in Washington

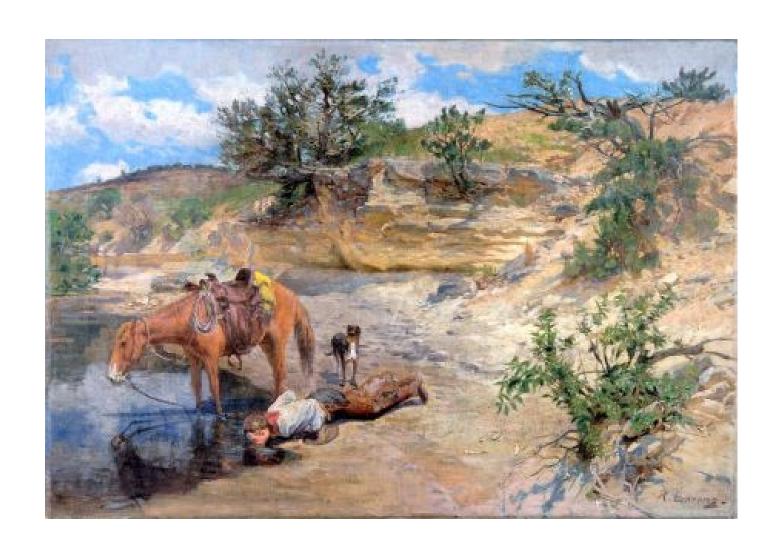
Washington State Dental Association Access and Workforce Agenda



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2001 WSDA Dental Workforce Study: Scoping the problem



Key findings:

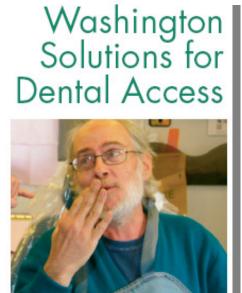
- Number of dentists in Washington to decrease "substantially" by 2010
- Half of dentists practicing in 2001 say they will retire by 2013
- Relative scarcity of rural dentists
- Fewer hygienists per population than national average

WSDA Responds: Washington Solutions for Dental Access

WSDA
WASHINGTON STATE
DENTAL ASSOCIATION

- Licensure reform
- Workforce expansion
- Medicaid funding





WSDA Responds: Washington Solutions for Dental Access

- Prevention
- Access improvements
- Washington Dentists Care





Workforce Revisited



- Number of Washington dentists increased by 23% from 2001 to 2009
- Number of Washington hygienists increased by 30% from 1999 to 2007
- 24 counties with < 50 dentists in 2001 had net gain of 20 dentists by 2009
- More than 45 newly licensed EFDAs, another 27 in the licensing pipeline, and three more classes

Medicaid Patient Impact



- Number of Medicaid children treated increased by 45% from 2002 through 2009
- Percentage of eligible children treated increased from 34% in 2002 to 48% through 2009.
- Number of Medicaid adults treated increased by 21% from 2002 through 2009, despite budget cuts

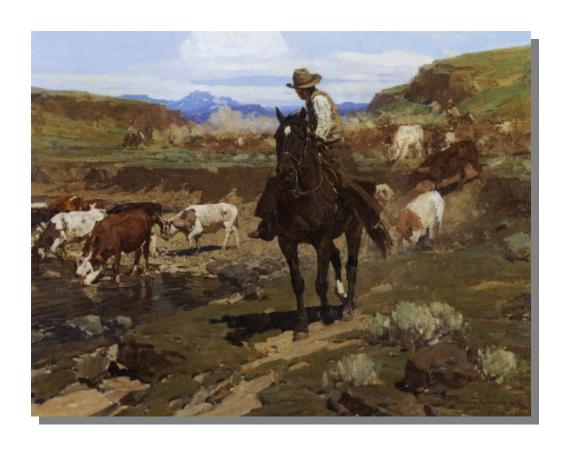
Trail to Consensus



- 2007 and 2008 Task Forces on Expanded Functions
- 2009 Board resolution to 2010 House
- Information: > 20 presentations (including UW SoD, RDH educators and CHCs), website, newsletters
- Board continuing revisions to therapist model



"If you're riding' ahead of the herd, take a look back every now and then to make sure it's still there." - WR





"Lettin' the cat outta the bag is a whole lot easier'n puttin' it back." – WR



Possible New Provider Model



Dental Therapist-Hygienist

Why?

To increase access to care for underserved

Proposal to 2010 House of Delegates



Key elements:

- Scope: restorative, surgical, preventive, auxiliary
- Dentist diagnosis and supervision
- Dental board regulation
- Education: RDH + one-year dental therapy
- Licensure by clinical exam
- Economically viable and sustainable
- Must increase access and be sustainable

Functions under close supervision





- Cavity prep, direct restoration Classes I-V
- Preformed crowns; Pulpotomies on primary teeth
- Nonsurgical extractions of primary teeth and periodontally diseased permanent teeth with mobility +3
- Local anesthesia, nitrous oxide analgesia; give sedative prescribed by dentist
- Final impressions
- Placing antimicrobials

Functions under general supervision





- All general supervision functions of a dental hygienist, plus:
- Sedative restorations; Atraumatic restorative technique; Re-cement permanent crowns; Brush biopsies

Regulation





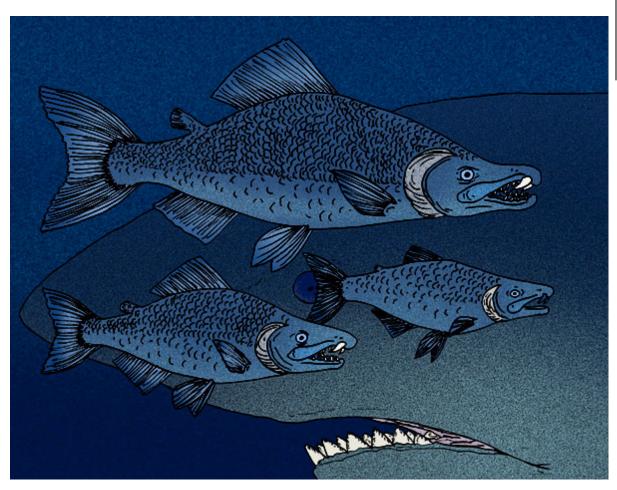
- Practice setting
 - Health Care Facilities
- Education
 - Associate hygienist degree plus two semesters instruction in dental therapy
- Patient Population
 - Medicaid, working poor, indigent
- Regulation
 - Dental Quality Assurance Commission; limit number of therapists under one dentist's supervision

Critical questions



- How will dental therapists improve access?
- Who will employ them?
- How will employment be sustained?





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