

Building Consensus on Access and Workforce in Washington

Washington State Dental Association
Access and Workforce Agenda

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**“Always drink upstream from the herd.”
- Will Rogers**



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

- Licensure reform
- Workforce expansion
- Medicaid funding



Washington
Solutions for
Dental Access



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

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- 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

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

Regulation

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- **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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