

The National Dental Therapist and The American Dental Hygienists' Association's Initiative: **What's Next?**

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April 10, 2011



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ADHA's Role in the Development and Advocacy of New Oral Health Providers



ADHA Policies on Workforce

- We advocate the creation of an advanced dental hygiene practitioner who provides diagnostic, preventative, restorative and therapeutic services directly to the public.

Advanced Dental Hygiene Practitioner 4-04



ADHA Policies on Workforce

The ADHA supports oral health care workforce models that culminate in:

- Graduation from an accredited institution
- Professional Licensure
- Direct access to patient care

Access to Care 4S-09



ADHA Policies on Workforce

Mid-level Oral Health Practitioner:

A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation and referral services. The Mid-level Oral Health Practitioner has met the educational requirements to provide services within an expanded scope of care, and practices under regulations set forth by the appropriate licensing agency.

Dental Hygiene Practice 2-10



ADHA's Approach to New Provider Concepts

- Policies afford ADHA flexibility in considering new provider models. (not just the ADHP)
- Consider on a case-by-case basis
- In partnership with state dental hygiene associations
- Focus is on developing providers who are appropriately educated and personally committed to deliver safe, quality oral healthcare to those in need.
- Commitment from ADHA to advocate in support of dental hygiene-based models.



Why Dental Hygiene-based?

- **The workforce is ready and available:**
 - Currently 150,000+ dental hygienists in the US
- **The educational infrastructure is developed**
 - 325 entry level dental hygiene programs
 - 57 degree completion programs
 - 20+ Masters programs
- **Patients will benefit from providers with a broad skill set that includes preventive and limited restorative services.**



What's Happened So Far....

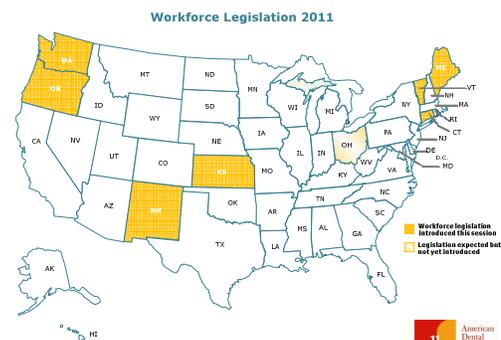
- ADHA was the first national oral health organization to develop and promote a provider model, with the establishment of the ADHP concept beginning in 2004
 - Association Policy passed in 2004
 - Educational Competencies finalized in 2008
 - The ADHP concept has been the basis for legislation introduced in a host of states



- Legislation in Minnesota – First state to pass laws to establish new providers
 - Passed in 2008/2009 – ADHA and Minnesota DHA supported legislation
 - Created two new models
 - Dental Therapist (DT)
 - Advanced Dental Therapist (ADT)
 - ADT Masters program at Metropolitan State University is dental hygiene based
 - Curriculum based, in part, on the ADHP Competencies
 - Graduates will be dually licensed to provide combined services
 - First ADT class will graduate in June 2011



2011 Legislative Session



Kellogg's Dental Therapist Initiative

- **Washington State & Kansas**
 - Proposed specific dental-hygiene based models
 - Dental hygiene educators were active collaborators in effort
 - State dental hygiene associations actively engaged in advocacy in support of models
- **Vermont & Ohio**
 - Ongoing discussion about dental hygiene link in legislative efforts
 - State Dental hygiene association and dental hygiene educators actively engaged



Dental Hygiene Based Proposals in other States

- **Connecticut**
 - Advanced Dental Hygiene Practitioner Bill
- **Oregon**
 - Dental Therapist (only available to licensed dental hygienists)
- **Maine**
 - Oral Health Practitioner (only available to licensed dental hygienists)



On the Horizon...

- **The Momentum in Support of New Providers**
 - ACA Grants to Pilot Test Alternative Dental Health Care Providers
 - Continued involvement/investment of stakeholders in developing new providers
 - Continued interest from policymakers at state and national levels
 - Emerging data about providers that speaks to safety, quality and efficiency
- **The ADHA and our state associations, remain committed partners in developing answers to our access crisis.**

