THE BOSTON GROUP
THE AUSTIN GROUP
THE AAPD

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DHAT (IN ALASKA)

- Built from the New Zealand Nurse model
  - Began in New Zealand in 1921
  - Name changed to dental therapist
- Two year post secondary training program
- Trained for specific, limited duties using a competency based certification process
- 400+ hours internship with a supervising dentist

DHAT CONTINUED

- Supervising dentist determines competency and sets DHAT scope of practice
- Provides care in remote villages under standing orders but requires dentist supervision and consultation using tele-dentistry

GENERALLY ACCEPTED DEFINITION OF MID-LEVEL PROVIDER

- Diagnosis and treats independently of the dentist
- Can provide a broad range of care
- Consults and refers to dentist at their own discretion
- Bills patient or insurance directly for services

GENERALLY ACCEPTED DEFINITION OF A DENTAL TEAM MEMBER

- Dentist remains the head of the dental team and is responsible for any care provided
- Dentist delegates duties based on scope as defined by law and competency of allied team member's skills
- Consults and refers to dentist based on protocols determined by the dentist

ADHP ADVANCED DENTAL HYGIENE PRACTITIONER

- A true midlevel provider
- Masters level university-based education
- Broad scope for children and adults including surgical and prescriptive authority
- Practices independently, consults with a dentist and other health professionals
- Bills patient or insurance directly
- Practice not limited to underserved populations

DENTAL THERAPIST

- The original model for 80+ years world wide
- A dental team member
- 2 year post secondary training
- Focus on care to children in school-based program
- Dentist available for consultation and referral

DENTAL THERAPIST CONTINUED

- Employed by a public health program
- Salaried as an employee of the public health care program

CDHC COMMUNITY DENTAL HEALTH COORDINATOR

- Proposed by the ADA to help patients get into care system (private offices and clinics)
- Primarily focused on serving as a patient navigator and prevention educator
- Currently in developmental stages in 3 sites

  Temple University

  University of Oklahoma

  UCLA in conjunction with Salish

  Kookenae College in Montana

THE BOSTON GROUP

- Purpose is to provide a forum for an open exchange of ideas and strategy for member states concerning workforce issues.
- The Boston Workforce Workgroup was formed in September 2008 in response to the growing rhetoric about adding a new member to the dental team as an answer to access.
- As of May, 2010 there have been three meetings.

BOSTON GROUP MEMBERS

- California
- Connecticut
- Maine
- Massachusetts
- Minnesota
- Missouri
- New Hampshire
- New Mexico*
- Oregon
- Rhode Island
- Vermont
- Washington

NOTES ON BOSTON GROUP STATE ACTIVITIES

- California Dental Association HOD approved Oral Health Workforce Research in 2008-09
- Maine and Colorado are the only two states in the nation where hygienists are allowed to practice dental procedures without the supervision of a dentist
- Washington State Dental Association is considering the concept of “hygiene therapist” and will present the model to the state HOD this month

STATE ACTIVITIES

- The University of Washington, with funding from the W.K. Kellogg Foundation provides training for Alaska's DHATS

- In Minnesota there are two new positions : the dental therapist and the advanced dental therapist. (Educational programs are not approved by Board of Dentistry)

Preliminary Communications Research

ORAL HEALTH WORKFORCE RESEARCH

PRELIMINARY FINDINGS

- Lacking awareness of the underlying problem, dentists' responses to various workforce proposals turn to how it would affect them, their patients, and new dental grads
  - Very few have an immediate association with the term "mid-level provider."
- Dentists' comfort increased significantly with greater awareness of access issues and focus on children
  - Dentists more readily accepted access gap for children
  - Resistance decreases if the workforce model is focused on serving children

PRESENTATIONS TO THE BOSTON GROUP

- National Update, Bill Zepp, ODA
- Josiah Macy Jr. and W.D. Kellogg Grant to AAPH, Allan Formicola, DDS
- CODA Task Force, Bryan Edgar, DDS, chair
- Update on California's Research Agenda, Jon Roth, CDA
- Review of the 2009 Institute of Medicine workshop and the work of the Pew Charitable Trusts, Shelly Gehshan

PRESENTATIONS TO THE BOSTON GROUP

- Improving Access to pediatric dental care through alternative dental providers, David Nash, DMD
- Overview of the Dental Health Aide Therapist, Louis Fiset, DDS
- Development of the Dental Therapist and Advanced Dental Therapist education and training in Minnesota, Patrick Lloyd, DDS
- Integration of dental and nursing programs at NYU, Michael Alfano, DDS
- Thoughts on the CODA approval process, James Koelbl, DDS

POLICIES OF BOSTON GROUP

- No formal policies, a discussion and learning group
- Group found agreement on two broad principles:
    1. The dentist has to remain the leader of the dental team.
    2. That the dentist has to have some impact on the training of other professionals

THE AUSTIN GROUP

- Founded by Dr. Matthew Roberts, Crockett Texas, former president of the TDA.

- Formed of like minded states that believe the national standard of the ADA on workforce issues should be upheld.(Current ADA policy states that "the ADA is opposed to non dentists making diagnoses, developing treatment plans or performing irreversible procedures.")

THE AUSTIN GROUP

- Oppose the Council on Dental Practice proposed resolutions on policy changes for allied personnel.
- Believes that these resolutions dramatically change the practice of dentistry.
- CDP resolutions indicate a philosophical and political shift in the ADA.

Personal Communication

MINORITY REPORT OF THE CDP

"The minority strongly disagrees with the decision in the CDP's report to remain silent on the delegation of irreversible procedures to non-dentists. The ADA must maintain dentistry's standard of care and core values. Preventing allied dental personnel from performing irreversible procedures does not constrict states from meaningfully addressing access to care issues while still preserving the dental team."

Delegate's worksheets for HOD 2010

AUSTIN GROUP'S POSITION ON SUPPORT OF ADA RESOLUTIONS

- Protect the oral health and safety of patients
- Retain the dentist as the only appropriately educated and trained dental provider to perform dental surgery
- Support the core values of the current education system for the education and training of dentist to provide dental surgery

AUSTIN GROUP'S POSITIONS

- Support actions which will prevent states from being placed at risk by ADA policy changes.

- Support resolutions which acknowledge the multifaceted barriers to access to care and seek to resolve these barriers through a multifaceted approach without the delegation of surgical (irreversible) procedures to non dentists.

THE AUSTIN GROUP

- The core states of this group are Texas, Georgia, North Carolina, Louisiana and Delaware.
- Additional states which attended the first meeting were Alabama, Florida, Illinois, Indiana, Kansas, Mississippi, New Jersey, Pennsylvania, Utah and South Carolina.
- There has been one meeting of the Austin Group, and Dr. Jim Crall was the speaker.

THE AUSTIN GROUP—EXECUTIVE COMMITTEE

- Dr. Rick Black, Texas, Chair of the Committee
- Dr. Tom Conaty, Delaware
- Dr. Ty Ivey, Georgia
- Dr. Gary Oyster, North Carolina
- Dr. Gary Roberts, Louisiana
- Dr. Matt Roberts, Texas
- Dr. Kent Percy, Georgia

AUSTIN GROUP STATE ACTIVITIES

- **North Carolina**—a dental therapist program brought to state legislature, no action yet

- In 2009 Society passed a policy opposing midlevel providers performing irreversible dental procedures

- **Georgia**—Georgia Dental Association published a white paper June 2010 titled "White Paper on Georgia's Oral Health Status, Access to and Utilization of Oral Health Care Services"

HIGHLIGHTS OF GEORGIA'S WHITE PAPER

- Oppose development of midlevel provider
- Improve oral health literacy
- Improve access of low income children to dental screenings and referral
- Advocate for loan forgiveness for dentists in underserved areas
- Advocate for the elimination of administrators in Medicaid programs
- Educate population about preventive dentistry

ADA WORKFORCE CONFERENCE

- 170 state volunteer leaders met July 18.
- Purpose was to bring the two groups together and to exchange ideas about workforce.
- Proposals for expanding non-dentists' scope of practice is active in 22 states.

Related Midlevel Provider Activity

AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

AAPHD

- In January 2010 announced the creation of a panel comprised of Dental Deans and Dental Faculty to develop post-secondary curriculum and training for a mid-level dental provider.

- AAPHD believes that new mid-level provider models added to the dental workforce can help meet the well documented need for oral health care for underserved populations in the United States.

AAPHD Press Release

AAPHD

- Dental therapists would be expected to provide care under general supervision and would be trained accordingly.
- The project is being funded by the W.K. Kellogg Foundation and the Josiah Macy, Jr. Foundation.
- AAPHD is the nations largest organization dedicated to the vision of optimal oral health for all.

AAPHD Press Release

KELLOGG FOUNDATION

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- Five states are targeted by the foundation for a therapist proposal. They are:

  Washington

  Kansas

  Vermont

  New Mexico

  Ohio

ADDITIONAL RELEVANT PUBLICATIONS

THE MDA REPORT

A United Voice for Oral Health

Final Report and Recommendations from the Michigan Access to Oral Health Care Work Group

SOME RECOMMENDATIONS FROM MDA ACCESS-TO-CARE REPORT

Find dedicated funding to ensure dental care for low-income children and adults

Ensure that physicians and nurses are trained to do oral screenings and create partnerships so that the responsibility for oral health is shared between medical and oral health professionals

RECOMMENDATIONS CONTINUED

Set up education efforts on the link between oral health and physical health, especially via social media.

Study how other health providers, such as dental hygienists or nurses, might deliver oral healthcare.

THE NEW ZEALAND REPORT

GOOD ORAL HEALTH, FOR ALL, FOR LIFE

The Strategic Vision for Oral Health in New Zealand

NEW ZEALAND DOCUMENT

- Government plans a reorientation of how dental health care is delivered
- Focus on the very young patient
- In 2004, 52% of 5 year olds in New Zealand were caries free
- There are significant differences associated with ethnicity, region and water fluoridation

NEW ZEALAND CURRENT VS. FUTURE APPROACHES

- Emphasis on treatment
- School based
- Emphasis on primary school years

- Clinicians work in isolation
- Intervention at school age

- Emphasis on prevention
- Community based
- Emphasis on preschool and early primary years
- Team approach
- Intervention at age one

Report on the New Zealand Oral Health Care

Good Oral Health for All, For Life

ACTION PLAN

- Re-orientate Child and Adolescent Oral Health Services
- Reduce Inequalities in Oral Health Outcomes and Access to Oral Health Services
- Promote oral health
- Build links with Primary Health Care

ACTION PLAN

- Build the Oral Health Workforce

"The current workforce is very segmented, with strong historical distinctions between public and private dentistry, and between the dentistry, dental therapy and dental hygiene disciplines"

AAPD POSITION ON THE MIDLEVEL PROVIDER

AAPD VALUES AND PRINCIPLES

- Health and health care equity.
- Child and adolescent welfare and safety.
- An effective, efficient and competent dental workforce.
- Oral health promotion, disease prevention and medically necessary dental services.
- Science, education, research and evidence-based care.

AAPD POLICY RECOMMENDATIONS

AAPD Supports greater use of EFDAs based on extensive evaluations of their effectiveness and efficiency in a wide range of private and public settings as part of dental teams.

AAPD recommends further evaluation of the Community Dental Health Coordinator (CDHC) models prior to policy decisions regarding their use.

AAPD joins others in rejecting the ADHP model on the basis of its incompatibility with the principle that dental care should be provided directly by or under the supervision of a dentist.

AAPD supports the use of mid-level dental providers who perform or assist in the delivery of specified reversible procedures and certain surgical procedures under the general supervision of a dentist, provided that such arrangements have been thoroughly evaluated and demonstrated to be safe, effective, and efficient and to not compromise quality of care in similar settings.