ADHA Website – links to many ADHA Position Statements
www.adha.org

ADHP from ADHA Website
http://www.adha.org/downloads/ADHP_Fact_Sheet.pdf

ADHP Minnesota Curriculum
http://www.metrostate.edu/msweb/explore/gradstudies/masters/msohcp/explore1.html

CNCC DH Curriculum
http://www.cncc.edu/catalog/catalog_src/cncc0911/c0911_64.pdf

Oral Health Care Workforce
http://www.adha.org/governmental_affairs/downloads/Oral_Health_Care_Workforce_Chart.pdf

As a member of the Task Force, I was asked to give my opinion on what Mid-Level-Provider Model I would endorse. Here are my thoughts. At this time, CDHA has no plans to introduce a Mid-Level Provider program.

The Colorado Dental Hygienists' Association endorses an ADHP (Advanced Dental Hygiene Practitioner) Model as a Mid-Level Provider for Colorado. Any other model will encourage Low-Level care for Coloradoans. The ADHP has already been researched, developed, and implemented. A version of this model has started Minnesota and commitments to begin programs in other states are underway. Entry level to the ADHP requires a Bachelors degree and a current dental hygiene license. The model is endorsed by the National Rural Health Association. The ADHP model is ideal for the community and public health and would alleviate the access to care crises in Colorado.

Any "on-the-job" or preceptorship training of mid-level providers should be discouraged. By encouraging programs such as this, we are only lowering the standard of care. Preceptorship assumes that all dentists and dental hygienists are qualified educators and instructors, a major misconception. The ADHP model would be a Masters Level education. This would ensure a 6-year minimum education for ADHP providers. The current model would require the ADHP to make health assessments and case management decisions, which in itself require critical thinking skills. These decisions could be made in collaboration with a dentist.

By requiring an ADHP candidate to already hold a dental hygiene license, the candidate will have experience working in a clinical setting, will have passed a National Written Board Exam and demonstrated clinical proficiency with one of the 5 examining agencies (eg. CRDTs). Dental hygienists possess formal training to work independently. Prevention is "key" with respect to oral health. By dental hygiene education standards, dental hygienists are Prevention Specialists. Reports show that 80% of adults have some form of periodontal disease. We know there is an oral-systemic link and

uncontrolled periodontal disease can exacerbate many health problems. If periodontal assessment cannot be ascertained, then how can a health assessment be performed?

In addition to 4-5 semesters of clinical training, dental hygiene didactic education includes: Embryology, Radiology, Head & Neck Anatomy, Ethics, Medical & Dental Emergencies, Periodontology, Pharmacology, Local Anesthesia, Nitrous, Dental Materials, Preventive Dentistry, Oral Pathology, and Community Health. Which of these classes could be eliminated and still ensure a quality oral health care provider? None, this is why a dental hygiene education already solves the basic minimum requirement.

The scope of practice of an ADHP is not intended to threaten, replace or demean the care that can only be provided by a dentist. It is intended to work in tandem with dentists and increase access to care. The Preventive scope of practice is already being completed by dental assistants and dental hygienists. This includes oral health and nutritional counseling, performing oral prophylaxis, placing sealants, assessing risk for caries and periodontal disease and responding to this risk, oral cancer screenings, administering fluoride, exposing radiographs, applying chemotherapeutics, and performing non-surgical periodontal therapy. The restorative scope has many procedures which are currently being completed by dental assistants. Colorado currently has no examination standards for dental assistants performing these procedures. These procedures include placement of temporary restorations, re-cementation of temporary crowns, suture removal, and adjustments to removable prosthetics.

The Community College of Denver's (CCD) Dental Hygiene Clinic is open to the idea of hosting the clinical training of ADHP's. From what we have heard at the Task Force meetings, CU does not seem open to the MLP models, but perhaps another out-of-state university would be willing to host the didactic portion of the program via distance learning. We have dental hygienists in Colorado with Masters and Doctorate degrees who more than qualified to teach at these programs. We also have dentists who would be willing to support ADHP education as well. The dental hygiene community in the state of Colorado is open to investigating any of the above mentioned avenues to make increase access to care in Colorado a reality.

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Immediate Past President CDHA
October 29, 2010

Georgia White Paper Comments

- We need to determine and specifically define a Mid-Level Provider
  - By some definitions, dental hygienists licensed in Colorado may already fall under some definitions
  - Minimum education requirement
- Pg 1 – we should not compare the Alaska Dental Therapist to an ADHP. A high school diploma, online A & P and a year of training is nothing compared to a licensed dental hygienist. ADHP models would further the education of a hygienist who already has 4 years of school.
- Pg 2 - Dental hygienists are highly trained and educated but a two or four year undergraduate program does not prepare them to diagnose or perform irreversible procedures.
  - This does not apply to Colorado – we do have limited diagnosis. These skills are learned and tested on National Boards and Practical Boards (CRDTs)
  - We need to encourage BS programs for dental hygienists or even require a BS entry level
- Pg 3 – "Safety Net"
  - ADA & CDHA should not encourage vocational dental hygiene programs because they offer less education didactically and clinically than the two-year or four-year degree.
- Pg 4 – MLP
  - "Who are under-educated" this definition defines CO dental hygienists
- Pg 5 – CDHA will not agree to reference "The Economic Aspects of Unsupervised Private Practice Hygiene and its Impact on Access to Care"
  - Untruths
  - The third party used was deceptive in letting the independent practitioners know who they were and therefore were not contacted
  - None of the independent practitioners CDHA spoke with were ever contacted
  - There are several practices where there are no dental practices
  - DH practices are also Medicare and CHP+ providers, in communities where there are no other (dentist) providers.
- Pg 6 - the last ADHA State Leaders Conference 51 of 52 states were having problems finding jobs for dental hygienists
  - Endorsing vocational dental hygiene programs that flood the market with less than minimal accreditation standards and compromise the professional and ethical standing of future dental hygienists
  - Perhaps dental hygiene programs need to expand to basic dental assisting and make hygienists more marketable & profitable