

Idaho State Dental Association Board of Trustees

New Workforce Model Policy

January 30th, 2010

Who's in Charge?

- Idaho Oral Health Alliance?
- PEW and Kellogg?
- Idaho Dental Hygienists Association?
- Idaho State University?

Access to Dental Care?

Geographic Models

- New Zealand (1921)
- Canada (1972)
- Alaska (2005)

Now NZ & Canadian Models work in private practice setting + geographically challenged

National Picture

- **4,240 Dental Health Professionals Shortage Areas**
 - 45.6 Million People
 - Federal Government - - - "need 9,000 dentists"

Health Resources and Service Administration, 2009
American Dental Association, Government Affairs, Health Care Reform, Environmental Scan, 2009

Idaho

- Present Workforce?
- Geographic Mal-Distribution?
- Future Workforce?

State Range of Dentist / Population Ratio

3,195 – 1,449 People / 1 Dentist

NIDCR/CDC Oral Health, U.S. 2002 Annual Report

of Active Patients

- General Dentist – 2,355
- Specialists – 2,091

2007 American Dental Association, Survey Center

Idaho Dental Workforce

Total Dentists (active in state) – 984
General Dentists – 788
Specialists - 196

Dental Hygienists (active in state) – 1,170

Idaho Population

1,523,816

U.S. Census Bureau 2008

Compare

Idaho – 1,934 people / general dentist

Iowa – 2,050 people / dentist
(mainly rural)
(1 dental school)
(3 million people / 1,455 active dentists)

U.S. Census Bureau 2008 &
Journal of the American Dental Association 2009

Bottom Line

Idaho has sufficient supply of dentists

Hygienists

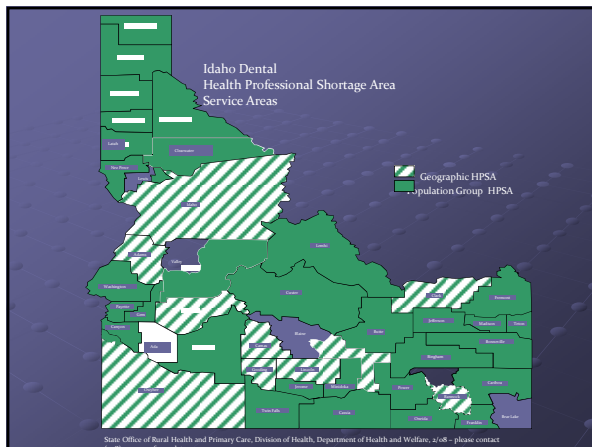
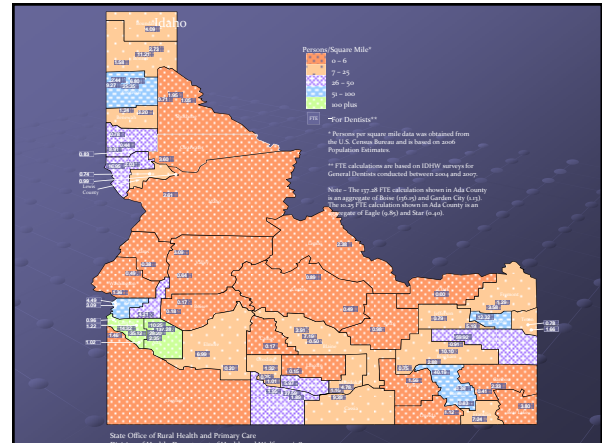
- Apollo – 80/yr
- ISU – 30/yr
- CSI (proposed) – 10/yr
- LCSC – 4/yr

Geographic Mal-Distribution ?

Rural

- Fewer Dentists
- Lower Dental Care Utilization
- Higher Rates of Caries & Tooth Loss

Rural Health Research & Policy Centers, Policy Brief, 2009



“There is simply no evidence that geographic distance –however measured–is a controlling factor in the utilization of dental services among rural populations.”

Rural Dentistry, Chad Ph.D., House Ph.D., ADA Health Policy Resource Center 2008

Reason for not Going to Dentist

- It costs too much money 34.5%
- Previous bad experience 26.3 %
- Not necessary (no present problem) 24.7 %

American Dental Association, Workforce Survey, Sept. 2008

Conclusion

Presently – Adequate Workforce

Future ?

Aging Dentists - Idaho

<u>Total</u>	<u>< 35y/o</u>	<u>35-44</u>	<u>45- 54</u>	<u>55-64</u>	<u>65+</u>
#834	19.1	25.9	<u>22.2</u>	<u>25.3</u>	<u>7.6</u>

Mean Age = 47.4y/o

2006 American Dental Association, Survey Center

Idaho-Age of Dentists 55 & older

33%

2006 American Dental Association, Survey Center

“Rural areas have a higher percentage of general dentists aged 56 or older than urban areas.”

Rural Health Research & Policy Centers, Policy Brief, 2009

Future Dentists

Graduating Dental Students

Less than **5 %**
willing to practice in a community with less
than 10,000 people

2007 American Dental Association, Survey of Dental Graduates

New Dentist Debt

\$246,903

2007 American Dental Association, Survey of Dental Graduates

Dental Practice

Purchase existing practice - \$471,930

Build own new Practice - \$457,600

2008 American Dental Association, Survey of New Dentists

Large Group Practices

2008 American Dental Association, Survey of New Dentists

Idaho Female Dentists

86

Female Dental Students

44.9%
(more research needed - practice differences?)

2006-07 American Dental Association, Survey of Dental Education

Future

Rural- Changing Workforce?

New Workforce Models

“Dental hygienists are in the best position ever to make a difference in the oral health of this nation. The consumers are going to demand increased access to services. We need to be prepared to deliver.”

Tammi Byrd, RDH
RDH magazine, July 2008

CNN Best Jobs in America


1. Systems Engineer
- 2. Physician Assistant**
3. College Professor
- 4. Nurse Practitioner**
5. IT Project Manager

Current Legislation

- Wisconsin — RDH can bill Medicaid independently
- Minnesota — 2 mid-level provider models
- Maine — ADHP (unsupervised hygiene practice)
- Washington — Dental Therapist ? & ADHP
- Idaho ?

Alphabet?

- CDHC
- OPA
- IRDH
- DHAP
- DHAT
- RDHAP
- OHP
- ADHP



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ADHP?

Advanced Dental Hygiene Practitioner

American Dental Hygienists Assoc.
Idaho State Univ. Strategic Plan – Masters Program

ADHP

- Independent Practice ?
- Masters Degree Curriculum
 - Diagnostic
 - Therapeutic
 - Preventive
 - Restorative (irreversible procedures)
 - Simple Extractions

CDHC

Community Dental Health Coordinator

American Dental Association

- Work under remote supervision of a dentist
- Clinical Duties
 - Risk assessment & education
 - Clinical and radiographic screening
 - Fluoride
 - Sealants
 - Supra gingival scaling
 - Temporary restoration placement

DHAT ?

Dental Health Aide Therapist

Scope ?

- Diagnosis & Treatment of Caries
- Uncomplicated Extractions
- Amalgams
- Composites
- Stainless Steel Crowns
- Pulpotomies

ISDA Policy?



Policy?

1. Public Health v. Private Practice?
2. Irreversible v. Reversible Procedures?
3. Indirect v. Direct Supervision?
4. Diagnosis v. Evaluation?
5. Independent Practice v. Dentist Responsibility?

Other Questions– licensing, education, funding, billing

"Direct supervision"

is supervision of a dental assistant or dental hygienist requiring that a dentist diagnose the condition to be treated, a dentist authorize the procedure to be performed, a dentist remain in the dental office while the procedure is performed, and that before dismissal of the patient, a dentist approves the work performed by the dental assistant or dental hygienist.

"General supervision"

is supervision of a dental assistant or dental hygienist requiring that a dentist authorize the procedure which is carried out, but not requiring that a dentist be in the office when the authorized procedure is performed.

"Indirect supervision"

is supervision of a dental assistant or dental hygienist requiring that a dentist authorize a procedure and that a dentist be in the dental office while the procedure is performed by the assistant or hygienist.

Example

The _____ 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.

American Academy of Pediatric Dentistry, 2010