



October 21, 2010

Subject: Public Hearing for Special Committee on Health Care Access

To: The Honorable Fred Kessler, Chair and The Honorable Luther Olsen, Vice-Chair,

Your committee's charge is directed to study possible state assistance to underserved areas and an expansion of Wisconsin's capacity for training family practice physicians and nurses and additional funding sources for public health. We ask that you consider in addition, dental hygienists as a viable workforce for expanding capacity to address decreasing the burden of oral disease in Wisconsin which affects total well being.

Lack of access to dental care for many Wisconsin residents is a serious problem. It is the problem that brings us together to look for solutions. According to the Surgeon General's Report on Oral Health, "The burden of oral diseases and conditions is disproportionately borne by individuals with low economic status at each life stage".¹ The burden becomes greater when these individuals are unable to access care. In complicated situations such as this, there are likely multiple solutions. Policy changes to remove barriers to where the current dental hygiene workforce can work and creating a mid-level practitioner to increase the scope of dental hygiene practice are two ways in which dental hygienists can contribute to the solutions to the lack of access to dental care for the residents of Wisconsin.

Since your committee is also looking at issues that could be addressed by the State Legislature we ask you to consider changing the Dental Hygiene Statutes to improve access.

Recommendation #1: Implement Policy Changes to Better Utilize the Current Workforce

The goal of this proposal is to:

1. Align the definition of dental hygiene with ADA Commission on Dental Accreditation Standard 2-17 (Appendix B).
2. Expand access to dental hygiene services by deleting a defined list of practice settings.
3. Remove authorization requirements that must be met before dental hygienists may serve people in certain settings.

¹ Oral Health in America: A Report of the Surgeon General. Department of Health and Human Services, Washington, DC, 2000. Available at www.surgeongeneral.gov/library/oralhealth.

4. Require documentation of referrals and consultations for patient conditions outside of the scope of dental hygiene.

Please note that three sites under current statutes allow for the practice of dental hygiene without a dentist's authorization or oversight to be exempt from the documentation of referrals and consultations requirement.² Referral and consultation are standard practice within these three settings and certified Medical Assistance Providers are required to refer and consult in accordance with Wisconsin Medical Assistance Program mandates.³ They consult with and refer to a variety of medical and dental providers-unique to each patient-when conditions are outside of the scope of dental hygiene practice. Case management is a significant component of public health practice.⁴

Dental hygienists with a license to practice in Wisconsin are able to practice in eight defined settings. These settings as found in Wisconsin Statute 447.06 (2) (a) are:

1. In a dental office.
2. For a school board or a governing body of a private school.
3. For a school for the education of dentists or dental hygienists.
4. For a facility, as defined in s. 50.01 (1m), a hospital, as defined in s. 50.33 (2), a state or federal prison, county jail or other federal, state, county or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients.
5. For a local health department, as defined in s. 250.01 (4).
6. For a charitable institution open to the general public or to members of a religious sect or order.
7. For a nonprofit home health care agency.
8. For a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

In three of these settings: schools of dental/dental hygiene education, schools including Head Start programs,⁵ and for local health departments; dental hygienists practice without written or oral prescription (authorization or oversight). To date, there have been no disciplinary actions or complaints in these three settings.

Although there is still a significant disease burden in Wisconsin children, survey reports are beginning to show positive changes. The results of the *2008 Make Your Smiles Count* survey

² Wisconsin Department of Health Services, Division of Public Health. (2005). Governor's Task Force on Oral Health Access: Report of the Taskforce (Task Force Recommendations Appendix F), Available at: http://dhs.wisconsin.gov/health/Oral_Health/taskforce/index.htm

³ Wisconsin Department of Health and Services, Wisconsin Medical Assistance Program <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/151/Default.aspx?ia=1&p=1&sa=15&s=1&c=1&nt=Dental%20Hygienists>

⁴ Hanrahan, Lawrence. (2007). eHealth: The foundation for health system transformation. *Wisconsin Medical Journal*, 106, No. 3.

⁵ Wisconsin Department of Regulation and Licensing, Wisconsin Dentistry Examining Board Minutes, (July 2, 2008), retrieved 2010

indicate that since the last study done in 2001, more children received dental treatment, more dental sealants were present and fewer early and urgent treatment needs were identified with the greatest improvement seen in the area of untreated decay which dropped by 11%.⁶ During this time, the number of safety net clinics and federally qualified health centers increased. Policy clarifications and changes allowed dental hygienist to branch out in the three settings identified above, especially in local health departments. Furthermore, dental hygienists are now reimbursed for services rendered and medical personnel may be reimbursed for the placement of fluoride varnish.^{7,8} The use of the Secure Public Health Electronic Records Environment (SPHERE) and Medicaid claims data has documented the increase in dental hygiene services which are primarily preventive.⁹

Regions where there are community health centers/federally qualified health centers have enjoyed improved oral health access and Health Centers as a whole have been shown to decrease cost of delivering health care and to decrease the number of unnecessary emergency room visits.^{10,11}

These practice options are offering new models for the delivery of dental hygiene services. The Policy changes suggested would remove setting barriers that limit where a dental hygienist may offer their services and further enhance this positive momentum.

Currently, in Wisconsin, dental hygienists receive an associate degree through a technical college. The Wisconsin Technical College System has 16 districts across Wisconsin. Eight of these districts have successful dental hygiene programs. They are located in Milwaukee, Appleton, Green Bay, Wausau, Eau Claire, La Crosse, Madison and Waukesha. The dental hygiene curriculum is sensitive to the needs of those most at risk with graduation requirement competencies in cultural diversity and public health found throughout the dental hygiene curriculum. Recommendation #1 looks at a way to better utilize the skills of these hygienists by expanding practice settings. Another way that dental hygienists can contribute to resolving the access to care crisis is by increasing the scope of their practice. This can be done through advanced education. Below is an example of a ladder approach to offer multiple levels of entry in the workforce.

Recommendation #2: The Wisconsin Idea: Build a Career Ladder to Maximize Academic Institutional Capacity

⁶ Wisconsin Department of Health Services, 2008-Make Your Smile Count: The Oral Health of Wisconsin's Children <http://dhs.wisconsin.gov/publications/p0/p00096.pdf>

⁷ Badgercare Plus Update <https://www.forwardhealth.wi.gov/kw/pdf/2006-74.pdf>

⁸ Badgercare Plus Update <https://www.forwardhealth.wi.gov/kw/pdf/2008-13.pdf>

⁹ SPHERE and Medicaid data examples (Price-Wood?)

¹⁰. "Health Centers' Role in Addressing the Oral Health Needs of the Medically Underserved" Link: <http://www.nachc.com/client/Oral%20Health%20Report%20FINAL.pdf>.

¹¹ "The Effect of Community Health Centers on Healthcare Spending & Utilization" http://www.nachc.com/client/Avalere_Report_10_2_09.pdf

This recommendation is dependent upon the development of articulation agreements between the eight existing technical college programs and the Bachelor/Masters degree granting institutions in the state to provide an opportunity to build on the existing education and expand the scope of dental hygiene practice.

Level 1: Dental Hygiene Associate Degree leads to licensure as a dental hygienist and is granted by the Wisconsin Technical College System (current).

Level 2: The Wisconsin Technical College System Dental Hygiene Associate Degree programs will articulate with a Bachelor of Science degree-granting program to grant a Bachelor of Science degree in Dental Hygiene based on the Dental Therapist model found at the University of Minnesota Dental School. The incentive and benefits of the Wisconsin BSDH would be an increased scope of practice and greater access to services for Wisconsin residents. Since the Wisconsin BSDH practice would include some of the scope of practice of dentistry, this practitioner would require authorization or oversight of a dentist.

Details can be found at:

http://www.dentistry.umn.edu/programs_admissions/DentalTherapyPrograms/BachelorofScienceinDentalTherapyProgram/home.html

Level 3: The Wisconsin Bachelor of Science Degree in Dental Hygiene (BSDH) articulate with a Master of Science degree or directly to a Doctor of Dental Surgery degree-granting program to grant a Master of Science degree program in advanced practice dental hygiene, based on the Advanced Dental Hygiene Practitioner (ADHP) model with related competencies as developed by the American Dental Hygienists' Association. This practitioner would resemble the nurse practitioner model with an advanced scope of practice and autonomy. The incentive and benefits of the Wisconsin ADHP would be an increased scope of practice (as identified by the BSDH) and greater access to oral health services for Wisconsin residents.

In March 2008, an American Dental Hygienists Association Task Force presented competencies developed for the Advanced Dental Hygiene Practitioner model to the ADHA Board of Trustees for approval. This document can be found at:

<http://www.adha.org/downloads/competencies.pdf>

Metropolitan State University in St. Paul, Minnesota offers an Oral Health Care Practitioner program which incorporates the competencies from the ADHA model. Details can be found at:

<http://www.metrostate.edu/msweb/explore/gradstudies/masters/msohcp/index.html>

Level 4: The Master of Science Degree program in Advanced Practice Dental Hygiene will articulate with a Doctor of Dental Surgery degree-granting program to grant a Doctor of Dental Surgery degree program consistent with the Commission on Dental Accreditation. The incentive and benefits of the articulated DDS program would be a ladder leading to a Doctorate Degree with options to step out depending on the needs of the practitioner.

The ladder offers unique opportunities to build on previous knowledge bases and flexibility to advance and serve the community at different levels. As valuable members of the dental team,

dental hygienists possess a unique set of skills. Recently, WDHA President Melissa Deyo while working on her graduate degree completed an action research project to measure the interest level of Wisconsin dental hygienists for furthering their education toward advanced career opportunities. While the study was done over a short period of time, the preliminary results indicate that Wisconsin dental hygienists were enthusiastically supportive. Through policy changes and advanced educational opportunities, Wisconsin dental hygienists will be on the front line doing their part in helping to resolve the access to dental care issues faced by Wisconsin residents.

Respectfully submitted,

A handwritten signature in cursive script, reading "Deborah Schumacher".

Deborah Schumacher RDH, ME-PD
WDHA-Legislative Chair