Study on Oral Health
Access to Services

Ann Battrell, RDH, MSDH
Executive Director
American Dental Hygienists’ Association
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Presentation Overview:

- ADHA Beliefs Shaping Health Care Delivery
- Issues that Impact Access
- Opportunities that will Positively Impact Access
- Dental Hygiene and Access
- Positive Trends in Access
- ADHA as a Collaborator
Beliefs Shaping Health Care Delivery:

• The oral and general health needs of the U.S. population are growing, and health care practice and education must evolve to meet them.

• Efforts must be undertaken to create an integrated health care delivery system.

• Health care stakeholders must work cooperatively to identify and remove barriers that restrict the public’s access to oral health care.
Issues that Impact Access

• Oral health literacy
  - Oral health/total health link

• Medicaid Reimbursement
  - Low rates
  - Provider participation

• Availability of appropriately educated providers
  - Shortages/maldistribution
  - Insufficient providers in community settings
  - Reluctance to treat underserved

• Weak dental public health infrastructure

• Lack of insurance coverage
Opportunities

- Increase **funding for dental public health programming/infrastructure**
- Expand delivery of oral health services to **more settings**
- Encourage **collaboration** with broad array stakeholders
- Better **utilize** booming dental hygiene **workforce**
- **Pilot test** workforce provider models
- Better **integrate medical-dental** care
  - Integrated health home
Opportunities

- Update CMS regulations/guidance/forms to reflect current practice and capture more complete data
- Expand on existing oral health literacy efforts
- Bolster dental benefits under Medicaid and increase reimbursement rates
- Support new and existing educational grants and loan repayment programs for dental hygienists and dentists in underserved areas
“Current workforce and enrollment trends indicate a strong demand for dental hygienists that will likely continue into the foreseeable future. Dental hygienists will increasingly augment the productivity of the dental team and extend the accessibility of oral health care.”

ADEA Institute for Public Policy and Advocacy, Dental Education At-A-Glance, 2004
Dental Hygiene Education

- **314** Entry-level (AS, AAS, BS) Programs
  - Program(s) in every state
- **59** Degree Completion Programs (BS)
- **21** Master of Science Programs (MS)

- Average **2,794 clock hours** of curriculum:
  - 86 credit hours (avg.) for Associate’s-level degree
  - 122 credit hours (avg.) for Bachelors-level degree

- Approximately **6,000 graduates per year** in the U.S.

*http://www.adha.org/downloads/edu/dh_program_stats.pdf*
Dental Hygiene Licensure

To Obtain License:
• Graduation from an accredited program
• Successful completion of written national dental hygiene board exam
• Successful completion of state or regional clinical exam

To Maintain License:
- Annual/bi-annual licensure process
- Complete continuing education according to state requirements
The Dental Hygiene Workforce

Dental Hygiene is one of the fastest growing professions in the country

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<td>Number</td>
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Projections data from the National Employment Matrix

[http://www.bls.gov/oco/ocos097.htm](http://www.bls.gov/oco/ocos097.htm)
The Dental Hygiene Workforce

- 152,000+ licensed dental hygienists in U.S
  - 130,000 active practitioners
  - 25% hold licenses in more than one state

Clinical Employment Settings:
- Private dental office
- Community/public health clinics
- Schools
- Hospitals
- Head Start Programs
- Nursing Homes

Resource: ADHA Master File Survey of Dental Hygienists’ in the U.S. 2007
Dental Workforce Projections

“...employment of dentists is not expected to keep pace with the increased demand for dental services.”

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Projections data from the National Employment Matrix
http://www.bls.gov/oco/ocos072.htm
Dental Hygiene Services

• **Preventive, therapeutic, limited restorative services**
  - Local anesthesia – 43 states & DC
  - Nitrous oxide – 25 states & DC
  - Temporary restorations: 37 states & DC

• **29 states: Direct Access** to dental hygiene services
  - Can initiate patient treatment without dentist present; outside of private office

• **15 states: Direct Reimbursement**
  for hygienists under Medicaid

• **1 state:** Hygienists can work in NP and nurse midwives’ offices

http://www.adha.org/governmental_affairs/practice_issues.htm
The Dental Hygiene Profession and Access to Care

- Providers of primary care oral health services
- Collaborative partners with dental and health care stakeholders
- Strong advocates for increased dental insurance coverage and public health infrastructure
Positive Trends

• CHIP Reauthorization
  - Dental coverage mandate
  - More children covered
  - GAO report on oral health access/mid-levels

• Stimulus funding for Community Health Centers
  - ARA allocated $2 billion for CHCs

• Increased collaboration with medical providers
  - AAP Oral Health Initiative

• Increased attention to oral health within HHS
  - HRSA’s Oral Health Initiative
  - Oral Health Coordinating Committee

• Improved understanding of oral health–total health link
Positive Trends in Dental Delivery

• Policies that make dental hygiene services more accessible:
  - Direct access
  - Medicaid reimbursement
  - Shift from direct supervision to collaboration

• Recognition of need for new providers
  - Advanced Dental Hygiene Practitioner
  - Minnesota dental therapist legislation 2009
  - Emerging dental therapy models

• Health reform legislation
American Dental Hygienists’ Association
444 N. Michigan Ave., Suite 3400
Chicago, IL 60611
312-440-8900
www.adha.org

ADHA Resources
Dental Hygiene Education:
http://www.adha.org/careerinfo/index.html

Practice Issues:
http://www.adha.org/governmental_affairs/practice_issues.htm

ADHA Policies
http://www.adha.org/aboutadha/index.html