

HEALTH WORKFORCE PILOT PROJECTS

ABSTRACT

APPLICATION: #172

**TRAINING CURRENT ALLIED DENTAL PERSONNEL
FOR NEW DUTIES IN COMMUNITY SETTINGS**

APPLICANT/SPONSOR:

Pacific Center for Special Care
at the University of the Pacific
Arthur A. Dugoni School of Dentistry
2155 Webster Street
San Francisco, California 94115

PROJECT DIRECTOR:

Dr. Paul Glassman
Director of Community Oral Health

SPONSOR TYPE:

Non-profit Education Institution

PURPOSE:

To teach new skills to existing categories of health care personnel and to improve the oral health of underserved populations by expanding duties of dental assistants, and dental hygienists working in community settings

APPLICATION CHRONOLOGY:

Application Submitted:	February 25, 2010
Application Approved for Completeness	June 24, 2010
Public Meeting	September 7, 2010
Project Approved	December 1, 2010 – November 30, 2011
Project Report & Extension Request Received	November 15, 2011
Extension Request #1 Approved	December 1, 2011 – November 30, 2012
Project Report and Extension Request #2	November 1 & 15, 2012
Extension Request #2 Approved	December 1, 2012 – December 1, 2013
Project Extension Request #3 Received	October 15 & 28, 2013
Extension Request #3 Approved	December 1, 2013 – November 30, 2014

ESTIMATED COST AND FUNDING SOURCE:

Estimated Cost - \$956,471

Funding Source Committed:

American Dental Hygiene Association	\$ 87,000
American Dental Association	\$ 25,000
California Department of Developmental Services	\$ 75,000
California Consumer Protection Foundation	\$ 65,000
California HealthCare Foundation	\$295,847
California HealthCare Foundation (evaluation)	\$ 40,000
Paradise Valley Foundation	\$144,883
Verizon Foundation	\$100,000
<u>California Emerging Technology Fund</u>	<u>\$ 25,000</u>
Total Committed	\$857,730

PROJECT DESCRIPTION:

The pilot project will add two new duties to a community-based system of care already under way. Most of the duties performed by dental providers in this community-based system are already allowed under existing law. However, the two new duties that will be performed that require an expanded scope of practice for community-based Registered Dental Assistants (RDA), Registered Dental Hygienists working in Public Health Programs (RDH), and Registered Dental Hygienists in Alternative Practice (RDHAP). RDAs participating in this project will have radiology certificates and sealant certificates. RDHs and RDHAPS participating in this project will have radiology certificates. The new duties to be evaluated under this HWPP are:

- RDAs will make the decision about which radiographs to take, if any, to facilitate an initial oral evaluation by a dentist. RDHs and RDHAPs can already make these decisions.
- RDAs, RDHs, and RDHAPs will place “Interim Therapeutic Restorations” (ITR).¹

PROJECT OBJECTIVES:

Short-Term Objectives:

- Train and evaluate competencies to make the decision about which radiographs to take.
- Train and evaluate competencies to place ITRs.

Long-Term Objectives:

- These duties will allow RDAs, RDHs, and RDHAPs working in community settings with underserved populations to facilitate collaboration with a dentist and the development of an appropriate plan of care for the patient. The placement of ITRs when directed to do so by a collaborating dentist will allow RDAs, RDHs, and RDHAPs to stabilize patients’ teeth from further deterioration until they can be seen by a dentist in an appropriate setting.
- To facilitate the development of new models of care designed to improve the oral health status of underserved populations.

Proposed Number of Trainees	8-10
Revised Number of Trainees	11
Proposed Number of Supervisors	3
Number of Collaborating Dentists	11
Proposed Number of Sites	9
Revised Number of Sites	11

BACKGROUND AND HISTORY OF THE PROJECT:

Selected passages from the HMPP #172 Application.

Need for the Project

Many people in California face significant barriers obtaining dental services and have significantly worse oral health than other segments of the population.ⁱⁱ Almost one quarter of all children in California have never seen a dentist and about 40 percent of California Black, Latino and Asian preschoolers and approximately 65 percent of elementary school children in these groups need dental care.^{iii, iv}

Adults with low incomes, and children and adults with complex medical, physical and social conditions have difficulty accessing dental care as well. The number of low-income children and adults and those with disabilities or complex medical conditions that need oral health services is rising dramatically. The US Census reported in 2000 that 49.7 million people in the US population had a long-standing condition or disability.^v They represented 19.3% of 257.2 million people who were aged 5 and older in the civilian non-institutionalized population - or nearly one person in five.

Many reports show that people with disabilities have more dental disease, more missing teeth, and more difficulty obtaining dental care than other members of the general population.^{ii,vi,vii,viii} A series of visual screening examinations of a primarily adult population of over 1,000 people with developmental disabilities in California in 2000 revealed that more than 33% had untreated dental caries.^{ix} This is significantly higher than the caries rate of 23% for adults in the National Health and Nutrition Examination Survey.^x The California HealthCare Foundation (CHCF) recently released a report that showed that in California in 2004 there were 370,499 blind or disabled people who used Medicaid dental services. They represented 33% of the blind or disabled people enrolled in Medi-Cal. However, they accounted for only 19.8% of the Denti-Cal expenditures for that year, receiving fewer services than would be expected based on their numbers and greater burden of disease.^{xi} The CHCF report does not break down the level of disability, but it would be expected that those with greater disability would have more trouble accessing services. These findings correlate with the experience of many health care and social services professionals in California which indicates that people with disabilities, especially those with significant disabilities, have great difficulty locating sources of oral health care.

As the population ages, the percent of the population considered “old” (over 65) and “old, old” (over 85) is growing much more rapidly than the population in general. These aging groups have significant rates of complex medical conditions and disability and will present increasing challenges for the oral health delivery system in the future.ⁱⁱ

LAWS AND REGULATIONS PERTINENT TO THE PROPOSED PROJECT:

California Business and Professions Code (B & P), Chapter 4, beginning with Section 1600, and the California Code of Regulations (CCR), Title 16, Division 10, Section 1000, govern the practice of dentistry in California

- General Provisions: B & P Sections 1740, 1741; CCR, Chapter 3, Article 1, Section 1067
- Registered Dental Assistant (RDA): B & P Sections 1752.4, 1752.6, 1765, 1777; CCR, Chapter 3, Article 5, Section 1086
- Registered Dental Hygienist (RDH): B & P Sections 1902, 1907-1915; CCR, Chapter 3, Article 5, Section 1088
- Registered Dental Hygienist in Alternative Practice (RDHAP): B & P Sections 1775, 1907 and 1925-1931; CCR Chapter 3, Article 5, Sections 1090 and 1090.1

Health and Safety Code, Division 107, Part 3, Chapter 3, Article 1, commencing with Section 128125, the Health Workforce Pilot Projects Program.

California Code of Regulations: Title 22, Division 7, Chapter 6.

OUTCOME

Chapter 662, Statutes of 2014 amend Sections 1684.5, 1925, and 1944 of, to add Section 1926.05 to, and to add, repeal, and add Sections 1753.55 and 1910.5 of, the Business and Professions Code, and to add and repeal Section 128196 of the Health and Safety Code, and to amend Section 14132.725 of the Welfare and Institutions Code, relating to oral health. The statute:

- authorizes specified RDAs, RDHs, and RDHAPs to determine which radiographs to perform if any, to facilitate an initial oral evaluation by a dentist and place protective restorations (Interim Therapeutic Restorations) as specified
- requires the Dental Board of California to adopt related regulations, and would also require the Dental Hygiene Committee of California to review proposed regulations and submit any recommended changes to DBC for review to establish a consensus
- limits the fee for each review or approval of course requirements for licensure or procedures that require additional training to \$750.

- provides that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teledentistry by store and forward, as defined.

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- i American Association of Pediatric Dentistry. Council on Clinical Affairs. Policy on Interim Therapeutic Restorations. Adopted 2001. Revised 2008.
 - ii U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
 - iii The Dental Health Foundation. The Oral Health of California's Children: Halting a Neglected Epidemic. 2000.
 - iv California Health Care Foundation. Haves and have-nots: a look at children's use of dental care in California. 2008.
 - v U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. Census 2000 Brief. Disability Status 2000. March 2003.
 - vi Oral health status and needs of Special Olympics athletes – World summer games, Raleigh, North Carolina – June 26 – July 4, 1999. Special Olympics International: Unpublished report. 1999.
 - vii Stiefel, D.J. Adults with Disabilities. Dental Care Considerations of Disadvantages and Special Care Populations: Proceedings of the Conference Held April 18-19, 2001, in Baltimore, Maryland. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine and Dentistry, Division of Nursing. April 2001.
 - viii The Disparity Cavity: Filling America's Oral Health Gap. Oral Health America, May 2000.
 - ix Glassman, P, Miller, C. Community-based Oral Health System. Unpublished data, 2001.
 - x CDC. Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis - United States, 1988--1994 and 1999—2002. MMWR 54(13):1-44, 2005.
 - xi California Health Care Foundation. Denti-Cal facts and figures: a look at California's Medicaid Dental Program. March 2007.