

A Monthly Newsletter from Executive Director Richard W. Valachovic, D.M.D., M.P.H.

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, looks at the impact new workforce models are having on dental hygiene education.



Dental Hygiene Education Responds to an Evolving Oral Health Workforce

Education should be out in front of change, but too often it is struggling to keep pace and move forward as professional practice evolves.

Summer is traditionally reserved for light reading, but I know that last month some of you might have picked up the new Institute of Medicine (IOM) report, [Improving Access to Oral Healthcare for Vulnerable and Underserved Populations](#), and even found it riveting reading. For those of you who are glued to *A Game of Thrones* instead, you can get the gist by looking at the [four-page brief](#). Among other things, the IOM report endorses the idea that we should "rely on a diverse and expanded array of providers who are competent, compensated, and authorized to provide evidence-based care." Exactly how to do this remains controversial, but in the last few years we have seen a flurry of efforts to expand the use of new oral health professionals in the United States and, in response, a gradual reshaping of dental hygiene education.

In a nutshell, more than a dozen states have begun working on (and some have passed) legislation to introduce new dental providers or expand the scope of practice of dental hygienists, with a goal of increasing access to care for underserved populations. Some of these legislative initiatives are discussed in greater detail in [Stateline](#), a publication of the American Dental Hygienists' Association (ADHA) Division of Governmental Affairs. Bottom line: as new oral health professionals gain greater acceptance as part of the solution to the access to oral care problem, dental hygienists are positioning themselves to play a greater role.

This is happening in an especially interesting way in Oregon, which has one of the most liberal [dental hygiene practice acts](#) in the nation. It allows hygienists to administer nitrous oxide and local anesthesia, and they can perform some restorative care, although not the non-reversible procedures or extractions performed by dental therapists in some jurisdictions.

In 1997, Oregon passed legislation to improve access to oral health services by allowing experienced hygienists to acquire a [Limited Access Permit](#) (LAP) to treat underserved or so-called "limited access" patients without the supervision of a dentist. Several years down the road, the program was functioning but had encountered some stumbling blocks. Despite their extensive clinical experience, many hygienists did not seek LAPs or chose to relinquish them because they felt unprepared for the challenges of running their own businesses in underserved areas. Then, in 2003, the closure of the state's only baccalaureate dental hygiene program set the stage for a private university to open a dental hygiene program tailored to the preparation of future LAP providers.

Lisa Rowley was recruited to design this new program at Pacific University and serve as its Program Director. "Most CODA-accredited dental hygiene programs include over 500 hours of clinical practice

and, in most programs, the students are primarily treating underserved patients without being directly supervised by a dentist. I believe that the majority of dental hygiene students have the *clinical* skills to practice unsupervised as soon as they graduate. However, most dental hygiene graduates lack the *nonclinical* skills that are required to be successful in this type of practice, so our goal was to fill in those gaps."

[Pacific University's](#) baccalaureate dental hygiene program adds public health principles, interdisciplinary practice, cultural competency, and business management (including health care reimbursement) to the traditional dental hygiene curriculum. Pacific is probably unique in requiring its students to have one semester of Spanish as a prerequisite; this is followed by a year of Spanish language and culture for dental professionals. Students also complete a capstone project in public health that will directly benefit the community. The program received [Commission on Dental Accreditation](#) (CODA) accreditation in February 2008 and, later that spring, graduated its first class of dental hygienists with a set of competencies well-suited to the state's new practice realities.

In order to obtain a LAP, Oregon law initially stipulated that a hygienist log 5,000 hours of practice supervised by a dentist and complete 40 hours of additional coursework in specified topics. In 2009, the Oregon legislature revised these requirements and created a second pathway that allows a dental hygienist to obtain a LAP upon completion of 500 hours of dental hygiene practice with limited-access patients under the direct supervision of a faculty member. This allows dental hygiene students to move into LAP practice immediately upon graduation from a program of study such as the one offered at Pacific, because practice hours completed before graduation may count toward this requirement.

I asked Lisa how this dramatic shift in the state's requirements came about. "Our position has been," she told me, "that our students spend over 500 hours treating a wide variety of underserved patients while under the supervision of faculty who are primarily dental hygienists. Completing an additional 2,500 hours treating relatively healthy patients under the supervision of a dentist does not make these students more prepared to work in unsupervised settings with underserved patients."

Apparently the legislature agreed with this reasoning. More recent legislation further expands the scope of practice of LAP hygienists, requires insurers to cover their services, and changes the name of LAP holders to "expanded practice dental hygienists," effective in 2012. Pacific plans to modify its curriculum slightly to provide additional instruction in areas related to the expanded scope.

Lisa characterized the interactions between the legislature, the school, the state board of dentistry, and the state dental and dental hygiene associations as collegial and productive, with both professional associations collaborating on the creation of the second pathway to LAP practice. Students do not need to graduate from Pacific to be eligible for this pathway, but Pacific grads will likely feel better prepared than their counterparts. As Lisa points out, "Most dental hygiene programs have difficulty teaching nonclinical skills because they already have an overcrowded curriculum."

Ann Battrell, Executive Director of the [ADHA](#), agrees. "The dental hygiene curriculum as it stands today is so overcrowded that it has become harder and harder to fit everything into an associate's degree program," she told me when we recently spoke. "In order to prepare students to assume new professional roles, the curriculum needs to be expanded; yet many states limit the number of credit hours that students can take in an associate's degree program. That means that the curriculum cannot be expanded unless some courses are eliminated. Frequently the faculty's hands are tied."

Since 1996, ADHA has been on record supporting the move to a baccalaureate degree for entry into dental hygiene practice, yet no states currently require this in their respective state regulations.

"One idea we would like to pursue," Ann told me, "is to host a national symposium to look at the entire dental hygiene curriculum from soup to nuts. What does it need to look like to prepare our students for the future? Education should be out in front of change, but too often it is struggling to keep pace and move forward as professional practice evolves."

This is true for all our professions, but the emergence of new oral health professionals has made this especially urgent for dental hygiene. In the past, master's degree-level training in this field was reserved for those entering academia or research. Then in 2004, the ADHA House of Delegates called for the creation of a master's degree-prepared advanced dental hygiene practitioner (ADHP) who would be similar to a nurse practitioner but work in the dental field. Clinically, the ADHP model provides for a prevention skill set of a dental hygienist, and would also have additional education and training in basic restorative functions. In addition to their clinical role, ADHPs would be educated in health promotion and disease prevention, provision of certain procedures, case and practice management, quality assurance, and ethics in order to provide a comprehensive approach to the delivery of oral health care services.

This model saw its first iteration in the advanced dental therapy program created by [Normandale Community College](#) and [Metropolitan State University](#) in Minnesota. (See the May 2009 issue of [Charting Progress](#).) That program graduated its first seven students in June. Colleen Brickle, Dean of Health Sciences at Normandale Community College, oversaw that program's design, so I was curious to get her thoughts on the evolution of dental hygiene education more broadly.

Colleen told me she would also like to see dental hygiene do a complete curriculum overhaul, one that might begin by dropping the oft-repeated phrase "when you go into private practice" in favor of a broader vision of the field that includes public health, research, and teaching. "Dental hygiene has to start focusing on public health," in Colleen's opinion. "That's where we started, working with children in the schools. Then we entered private practices, and now we are coming full circle."

It is unclear whether master's degree-level programs will become the norm for advanced practice dental hygienists, but if they do, what would that mean for other new oral health professionals? I put this question to Dr. Allan Formicola, former Dean of Columbia University College of Dental Medicine and a consultant to the W.K. Kellogg Foundation on its dental therapist initiatives. He addressed this question when he worked with the [American Association of Public Health Dentistry](#) (AAPHD) to pull together a panel to make recommendations on the education of dental therapists. "Our work with

AAPHD suggested that dental hygienists ought to be able to acquire dental therapy skills with one year of additional training," he told me, noting that the master's degree is a bone of contention among advocates of the two-year dental therapist model. "Putting people through so many years of education defeats the purpose. The whole idea of the dental therapist is to take people with two to three years of post-secondary education and to train them in the basic skills they need to do very common procedures. We want to keep the education at the level of 'need to know,'" he asserts, "not 'nice to know.'"

Ann Battrell appreciates these concerns. "When we first came out with our advanced practice dental hygiene model," she told me recently, "we stipulated that an ADHP would be educated at the master's degree level. Today we have states that are looking at post-baccalaureate certification programs or three-year baccalaureate-level dental therapy models. We are open to working with the states on a variety of approaches to workforce models. We believe that it's not so important what new workforce models are called, but that these models are dental hygiene-based, and we want to play a role in shaping them."

Depending on the scope of practice and the level of supervision, I believe there are opportunities for people at all educational levels to be part of the dental team. Clearly it will take time to sort out the details, and states may differ in their views of what is most appropriate. Nevertheless, I am heartened by the level of activity within our professional associations, state legislatures, and within many of our own institutions, and by the growing willingness of all to embrace innovation.



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