Genesis of the Symposium

• ADHA long standing vision to re-examine the dental hygiene education system through the lens of changing health care environment
• Conversation of support from Dr. Dominick DePaola, President, Santa Fe Group (SFG).
• ADHA – SFG Collaboration formed to examine:
  – The origin to the profession of dental hygiene
  – The impact of the current and evolving health care system
  – The future of the profession and the educational structure needed to support change and innovation

Genesis of the Symposium

• This examination would include a review and evolution of other health professions, such as pharmacy, nursing and occupational therapy & physical therapy in the 20th century
• These professions illustrate how health professions review, modify and expand scope of practice while revising formal and informal education and competencies.
• Not clear what the effect of the ACA would be on the dental hygiene profession.
Symposium Learning Objectives

• Explore how the changes in the health care environment could inform the transformation of the profession of dental hygiene.
• Identify the broad range of roles that the dental hygiene profession could play and new models of health care within and beyond dental care.
• Consider the broad skills, attitudes and competencies needed by dental hygienists to meet the future needs of the public.

National Influences

• The oral and general health needs of the U.S. population are growing, and health care practice and education must evolve to meet them.
• Inclusion of dental benefits in government facilitated programs (SCHIP, Medicare)
• Efforts are being undertaken to create an integrated health care delivery system.
• Much like the nursing and medical reforms of the 1960s, the concept of an advanced practitioner is well accepted and can be integrated into the oral health care arena
• Health care stakeholders must work cooperatively to identify and remove barriers that restrict the public’s access to oral health care.

Systems Change Model Examples

- Accreditation Standards
- State Practice Acts
- New Practice Location & Collaborations
- Inter-Professional Education
- Financing & Business Plans
- Policy
- Funding
- Care
- Community
- National Impact
- State Based, Local Impact
Facilitators of Change

**Market Forces**
- Economic factors
- Rapid Increase in DH Education Programs
- Access to Care Awareness
- Dental Therapy Introduction
- Direct Access States
- Affordable Care Act
- Dental Hygienist Recognition as Primary Care Provider

**Barriers**
- Lack of commitment by the dental hygiene education and practice community
  - Lack of vision
- Fear
  - Change
  - Risk-taking
- Inability to gain support
  - Colleague apathy or ignorance
  - Institutional hesitancy
- Licensure and/or certification
Curricular changes

Less emphasis on:
• calculus removal
• supervision by others
• clinical policies and procedures
• clinical board examinations
• 70s practice model
• CODA standards

More emphasis on:
• creating community oral health homes
• evidence based dental hygiene practice
• critical thinking
• IPE
• Business knowledge and skills
• Research and scholarship

FTC made several recommendations to CODA including the development of standards that do not effectively and unnecessarily constrain the discretion of states to determine dental therapy scope of practice and authority.

• CODA should not take the unusual step of including supervision and scope of practice limitations in an education program accreditation standard.¹

• Additionally, FTC recommends CODA to consider omitting categorical statements regarding a supervising dentist's responsibility for diagnosis and treatment planning.²

• Furthermore CODA should consider developing accreditation standards for master's or graduate level programs that train dental therapists to conduct oral evaluations and develop treatment plans without requirements for an on-site supervising dentist.

Symposium Next Steps

• HRSA contract funded key symposium documents

• Symposium proceedings document: posted May 2014

• White paper: Summer 2014
  - Outline strategies that will contribute to the expansion of oral health services to underserved populations
  - Identify the future standards of education and practice by examining the current dental hygiene curriculum and offering recommendations on potential revisions and enhancements to the curriculum to prepare dental hygienists for future practice
  - Describe the future needs of the dental hygiene practice
Transforming Dental Hygiene Education:
New Curricular Domains and Models

- Build on the vision developed during the Transformation Symposium
- Develop learning domains and curricula that could serve as transformative models for Dental Hygiene Education
- Recognizing the various environmental influences in various states, one or more models may emerge

Pilot Programs

- Rebecca Stolberg, RDH, BS, MSDH; Eastern Washington University
- JoAnn Gurenlian, RDH, PhD; Idaho State University
- Christine Nathe, RDH, MS; University of New Mexico
- Kim Bray, RDH, MSDH; University of Missouri-Kansas City
- Kathi Shepherd, RDH, MS; University of Detroit Mercy
- Susan Kass, RDH, EdD; Miami Dade College
- Sheila Bannister, RDH, Med; Vermont Technical College
**Symposium Next Steps**

**DOMAINS:**
- Themes
  - Represent broad categories of professional responsibilities, knowledge, and skills

**COMPETENCIES:**
- Describe the knowledge, skills and attitudes expected of the RDH

**DOMAINS:**
I: Foundational Knowledge
II: Customized Patient-Centered Health Care
III: Healthcare system
IV: Communication & collaboration
V: Critical thinking & Research
VI. Professionalism

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New ADHA – ADEA Dental Hygiene Education Workgroup collaborative launches this week.

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“One hallmark of a true profession is its willingness to assume responsibility for the quality of care that its members provide.”

(ADHA Standards of Clinical Dental Hygiene Practice, 2008)
Symposium Outcomes
Next Steps

ADHA Strategic Plan Changes Direction:

- Core Ideology
- Vision Statement
- Goals

ADHA Core Ideology

Lead the transformation of the dental hygiene profession to improve the public’s oral and overall health.

ADHA Vision Statement

Dental hygienists are integrated into the healthcare delivery system as essential primary care providers to expand access to oral health care.
ADHA Goals: Education – Alliances-Advocacy

- Prepare dental hygiene professionals for the evolving scope of professional practice and settings.
- Better position the profession to be viewed as an integrated part of the healthcare system through strategic partnerships.
- Advance the profession of dental hygiene at the state and federal level.

Knowing is not enough; we must apply.
Willing is not enough; we must do.”

Goethe

The Changing Role of the Oral Health Provider

- Scoping Down: The Dentist and the Hygienist
- Scoping Up: The Hygienist and the Health Home
- The Key Question: Who Does What?
Dental Hygiene Education: A New Mission?

• The Next Generation of Dental Hygienists?
  • Role?
  • Skills needed?
  • A New Curriculum?

• What should every dental hygienist know about the health care system?

ADHA- ADEA Joint Workgroup

• Review developing documents from both organizations such as the “ADEA Compendium Guidelines for Allied Dental Education” and the Symposium White Paper

• Develop strategies to improve diversity and cultural competency within dental hygiene education and the Dental Hygiene profession

• Review existing competencies for entry into Allied Profession and Masters Competencies

• Discuss methods to cultivate dental hygiene practitioners' interests in work environments outside of private practice

EDUCATION
is the most powerful weapon
which you can use to
CHANGE THE WORLD.

Nelson Mandela
**Summing Up**

- The Health System is transforming
- The Role of the Dental Hygienist will change
- The Key is to Manage the Change
- The Key is to Exercise Leadership

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**Thank You!**

Many Thanks!!

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**Q&A**