# COMMONWEALTH of VIRGINIA

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## VIRGINIA BOARD OF DENTISTRY
## Open Forum on Policy Strategies to Increase Access to Dental Treatment

**Friday, May 8, 2015 - 9:00 am to 12 pm**
**Board Room 4, 2nd Floor, Perimeter Center**
**9960 Mayland Drive, Henrico, VA 23233**

**The Board of Dentistry (Board) requests assistance in responding to the following questions regarding the practice of dentistry and access to dental treatment in Virginia –**

- **What are the most pressing needs?**
- **What outcomes should be the focus of policy strategies?**
- **What are viable treatment models for increasing access?**
- **What are the risks and costs associated with the options?**

**The forum is an opportunity for individuals, institutions and organizations to present their views on policy strategies that will improve access to dental treatment. Three strategies under consideration by the Board are --**

- **Adjusting the education and endorsement requirements for dental assistant II registration to increase the number of registrants;**
- **Creating a pathway for dental hygienists to perform the reversible intraoral procedures which are delegable to dental assistants II to more fully utilize these licensees; and**
- **Expanding the options for dental hygienists to practice under the remote supervision of dentists.**

**Speakers will be given up to ten minutes to express their perspective and recommendations on these strategies and to identify additional approaches for consideration by the Board. Following the presentations, as time permits, attendees will be asked to participate in a question and answer session to allow for exploration and discussion of the recommendations made.**

**A transcript of the Forum will be made for future reference by the Board. Any policy action the Board decides to take will include the standard comment opportunities required for regulatory action and for advancing a legislative proposal.**

**Attachments:** **Dental Assistant II Regulations**
**Guidance Document 60-8 Educational Requirements for Dental Assistants II**
**Department of Health Protocol for Remote Supervision**
**Recommendations for Dental Hygiene Practice in the Joint Commission on Health Care Study on Dental Safety Net Capacity and Opportunities for Improving Oral Health**

# Virginia Board of Dentistry

## Educational Requirements for Dental Assistants II

- §54.1-2729.01 of the Code of Virginia permits the Board to prescribe the education and training requirements that must be completed for a person to qualify for registration as a dental assistant II.

- Every applicant for registration must complete 50 hours of didactic coursework in dental anatomy and operative dentistry required by 18VAC60-20-61(B)(1) and the written examinations required by 18VAC60-20-61(B)(4)(a) and (c).

- 18VAC60-20-61(B) (2), (3) and (4) of the Regulations Governing Dental Practice specifies four modules of laboratory training, clinical experience and examination that may be completed in order to qualify for registration as a dental assistant II. The Board interprets these provisions to permit someone to complete one or more of the modules to qualify for registration. An applicant does not have to complete all four modules. However, the educational institution offering the dental assistant II program has the discretion to decide how to structure its program.

- The registration issued by the Board to a dental assistant II shall specify which of the six delegable duties listed in 18VAC60-20-230(C) may be delegated to the registrant as follows:

    - Completion of the laboratory training, clinical experience module on placing, packing, carving, and polishing amalgam restorations qualifies a registrant to perform pulp capping procedures and to pack and carve amalgam restorations.

    - Completion of the laboratory training and clinical experience module on placing and shaping composite resin restorations qualifies a registrant to perform pulp capping procedures and to place and shape composite resin restorations.

    - Completion of the laboratory training and clinical experience module on taking final impressions and using non-epinephrine retraction cord qualifies a registrant to take final impressions and to use non-epinephrine retraction cord.

    - Completion of the laboratory training and clinical experience module on final cementation of crowns and bridges after adjustment and fitting by a dentist qualifies a registrant to perform final cementation of crowns and bridges.

**VIRGINIA BOARD OF DENTISTRY**
Excerpts from the **Regulations Governing Dental practice on the**
**Registration and Practice of Dental Assistants II**



**18VAC60-20-61. Educational requirements for dental assistants II.**

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board.

B. To be registered as a dental assistant II, a person shall complete the following requirements from an educational program accredited by the Commission on Dental Accreditation of the American Dental Association:
1. At least 50 hours of didactic course work in dental anatomy and operative dentistry that may be completed on-line.
2. Laboratory training that may be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:
a. At least 40 hours of placing, packing, carving, and polishing of amalgam restorations;
b. At least 60 hours of placing and shaping composite resin restorations;
c. At least 20 hours of taking final impressions and use of a non-epinephrine retraction cord; and
d. At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.
3. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training that may be completed in a dental office in the following modules:
a. At least 80 hours of placing, packing, carving, and polishing of amalgam restorations;
b. At least 120 hours of placing and shaping composite resin restorations;
c. At least 40 hours of taking final impressions and use of a non-epinephrine retraction cord; and
d. At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.
4. Successful completion of the following competency examinations given by the accredited educational programs:
a. A written examination at the conclusion of the 50 hours of didactic coursework;
b. A practical examination at the conclusion of each module of laboratory training; and
c. A comprehensive written examination at the conclusion of all required coursework, training, and experience for each of the corresponding modules.

C. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences.

**18VAC60-20-70. Licensure examinations; registration certification.**

C. Dental assistant II certification. All applicants for registration as a dental assistant II shall provide evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control.

**18VAC60-20-72. Registration by endorsement as a dental assistant II.**

A. An applicant for registration by endorsement as a dental assistant II shall provide evidence of the following:
1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;
2. Be currently authorized to perform expanded duties as a dental assistant in another state, territory, District of Columbia, or possession of the United States;
3. Hold a credential, registration, or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in 18VAC60-20-61 or if the qualifications were not substantially equivalent the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in 18VAC60-20-230 for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:
1. Be certified to be in good standing from each state in which he is currently registered, certified, or credentialed or in which he has ever held a registration, certificate, or credential;
2. Be of good moral character;
3. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code of Virginia; and
4. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

**18VAC60-20-230. Delegation to dental assistants.**

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction or under general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 and those which may only be delegated to dental hygienists as listed in 18VAC60-20-220.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

C. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in 18VAC60-20-61:
1. Performing pulp capping procedures;
2. Packing and carving of amalgam restorations;
3. Placing and shaping composite resin restorations;
4. Taking final impressions;
5. Use of a non-epinephrine retraction cord; and
6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

**Title of document: Protocol adopted by Virginia Department of Health (VDH) for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists**

**Reference to 18VAC60-20-220: Regulations Governing Dental Practice – Dental Hygienists**

**Filed by: Virginia Board of Dentistry**

**Date filed: September 7, 2012**

**Document available from:**

**Board of Dentistry**
**9960 Mayland Drive, Suite 300**
**Henrico, VA 23233**

**Definitions:**

- *"Expanded capacity"* means that a VDH dental hygienist provides education, assessment, prevention and clinical services as authorized in this protocol under the remote supervision of a VDH dentist.
- *"Remote supervision"* means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but who has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and who is not necessarily onsite with the dental hygienist when dental hygiene services are delivered.

**Management:**

- Program guidance and quality assurance shall be provided by the Dental Program in the Division of Child and Family Health at VDH for the public health dentists providing supervision under this protocol. Guidance for all VDH dental hygienists providing services through remote supervision is outlined below:
    - VDH compliance includes a review of the remote supervision protocol with the dental hygienist. The hygienist will sign an agreement consenting to remote supervision according to the protocol. The hygienist will update the remote agreement annually attaching a copy of their current dental hygiene license, and maintain a copy of the agreement on-site while providing services under this protocol.
    - VDH training by the public health dentist will include didactic and on-site components utilizing evidence based protocols, procedures and standards from the American Dental Association, the American Dental Hygienists' Association, the Centers for Disease Control and Prevention, Association of State and Territorial Dental Directors, as well as VDH OSHA, Hazard Communication and Blood Borne Pathogen Control Plan.
    - VDH monitoring during remote supervision activities by the public health dentist shall include tracking the locations of planned service delivery and review of

daily reports of the services provided. Phone or personal communication between the public health dentist and the dental hygienist working under remote supervision will occur at a minimum of every 14 days.

- VDH on-site review to include a sampling of the patients seen by the dental hygienist under remote supervision will be completed annually by the supervising public health dentist. During the on-site review, areas of program and clinical oversight will include appropriate patient documentation for preventive services (consent completed, assessment of conditions, forms completed accurately), clinical quality of preventive services (technique and sealant retention), patient management and referral, compliance with evidence-based program guidance, adherence to general emergency guidelines, and OSHA and Infection Control compliance.

- No limit shall be placed on the number of full or part time VDH dental hygienists that may practice under the *remote supervision* of a public health dentist(s)
- The dental hygienist may use and supervise assistants under this protocol but shall not permit assistants to provide direct clinical services to patients.
- The patient or responsible adult should be advised that services provided under the remote supervision protocol do not replace a complete dental examination and that he/she should take his/her child to a dentist for regular dental appointments.

**Remote Supervision Practice Requirements:**

- The dental hygienist shall have graduated from an accredited dental hygiene school, be licensed in Virginia, and employed by VDH in a full or part time position and have a minimum of two years of dental hygiene practice experience.
- The dental hygienist shall annually consent in writing to providing services under remote supervision.
- The patient or a responsible adult shall be informed prior to the appointment that no dentist will be present, that no anesthesia can be administered, and that only limited described services will be provided.
- Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

**Expanded Capacity Scope of Services:**

Public health dental hygienists may perform the following duties under *remote supervision:*

- Performing an initial examination or assessment of teeth and surrounding tissues, including charting existing conditions including carious lesions, periodontal pockets or other abnormal conditions for further evaluation by a dentist, as required.
- Prophylaxis of natural and restored teeth.
- Scaling of natural and restored teeth using hand instruments, and ultrasonic devices.
- Assessing patients to determine the appropriateness of sealant placement according to VDH Dental Program guidelines and applying sealants as indicated. Providing dental sealant, assessment, maintenance and repair.
- Application of topical fluorides.
- Providing educational services, assessment, screening or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

**Required Referrals:**

- Public health dental hygienists will refer patients without a dental provider to a public or private dentist with the goal to establish a dental home.
- When the dental hygienist determines at a subsequent appointment that there are conditions present which require evaluation for treatment, and the patient has not seen a dentist as referred, the dental hygienist will make every practical or reasonable effort to schedule the patient with a VDH dentist or local private dentist volunteer for an examination, treatment plan and follow up care.

# Dental Safety Net Capacity and Opportunities for Improving Oral Health

Joint Commission on Health Care
October 8, 2014 Meeting

Michele Chesser, Ph.D.
Senior Health Policy Analyst

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## Study Mandate

- In 2012, Senate Joint Resolution 50 (Senator Barker) directed the Joint Commission on Health Care (JCHC) to conduct a two year study of the fiscal impact of untreated dental disease in the Commonwealth of Virginia
- The study resulted in a policy option to include in the 2014 JCHC Work Plan a targeted study of the dental capacity of Virginia's oral health care safety net providers, and the option was approved by JCHC members during the Decision Matrix meeting last November

## Current Feasibility of Creating a Statewide ED Diversion Plan

- Preliminary data indicate that ED diversion plans can be effective in helping individuals find the oral health care they need in a more appropriate setting
- However, these programs are only possible in localities in which there is a dental school or full-time community dental clinic to receive the diverted ED dental patients
  - Significant portions of the State lack a dental safety net facility
  - In the localities with a dental safety net provider, many have waiting lists and/or lack the resources to care for all who are in need of services

## Expansion of the Remote Supervision of Dental Hygienists Model

## Expansion of Remote Supervision of Dental Hygienists Model

- In 2009, the General Assembly enacted legislation to reduce the dentist oversight requirement for hygienists employed by VDH in selected dentally underserved areas
  - VDH dental hygienists are allowed to work under the remote, rather than general or direct, supervision of a dentist
  - Remote supervision means "a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but who has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and who is not necessarily onsite with the dental hygienist when dental hygiene services are delivered." Under remote supervision, VDH hygienists may perform:
    - Initial examination of teeth and surrounding tissues, charting existing conditions
    - Prophylaxis of natural and restored teeth
    - Scaling using hand instruments and ultrasonic devices
    - Providing dental sealant, assessment, maintenance and repair
    - Application of topical fluorides
    - Educational services, assessment, screening or data collection for the preparation of preliminary records for evaluation by a licensed dentist

## Expansion of Remote Supervision of Dental Hygienists Model

- Remote supervision dental hygienists provide services in elementary schools utilizing portable equipment
- In 2012, additional legislation was passed allowing a dental hygienist employed by VDH to practice throughout the Commonwealth under the protocol established for the pilot program
- The program has "improved access to preventive dental services for those at highest risk of dental disease, as well as reduced barriers and costs for dental care for low-income individuals"*

*Report on Services Provided by Virginia Department of Health Dental Hygienists Pursuant to a "Remote Supervision" Practice Protocol, 2013

## Expansion of Remote Supervision of Dental Hygienists Model

- The Board of Health Professions is currently considering the expansion of the remote supervision of dental hygienist model, but no action has been taken at this point
  - The Board met on September 27, but did not have a quorum and; therefore, was unable to call a vote on the issue
- Options to expand the model include allowing dental hygienists not currently employed by VDH to practice via remote supervision in other settings such as safety net facilities, hospitals, nursing homes or all dental sites, including the private sector, in order to provide access to a greater portion of Virginia's at-risk, underserved population
- Our work group considered the range of expansion options and the majority of members support an incremental approach with initial expansion to safety net facilities

## Expansion of Remote Supervision of Dental Hygienists Model

- Further, it was suggested that a work group of primary stakeholders, including Virginia Dental Association, Virginia Dental Hygienists' Association, Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, Virginia Oral Health Coalition, Virginia Board of Dentistry, Old Dominion University's School of Dental Hygiene, and Virginia Commonwealth University's School of Dentistry, be created to develop a pilot program for the expansion of the remote supervision model, giving stakeholders the chance to be involved in determining the bounds/scope of the model and the specific protocol