

**Department of Health Professions  
Board of Health Professions  
REGULATORY RESEARCH COMMITTEE  
January 22, 2015**

**TIME AND PLACE:** The meeting was called to order at 9:04 on Thursday, January 22, 2015, Department of Health Professions, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 2, Henrico, VA, 23233.

**PRESIDING OFFICER:** Virginia Van de Water, Chair

**MEMBERS PRESENT:** Yvonne Haynes, Board of Counseling  
Virginia Van de Water, Board of Psychology  
James Watkins, Board of Dentistry  
James Wells, Citizen Member

**MEMBERS NOT PRESENT:** Frazier Frantz, Board of Medicine  
Ellen Shinaberry, board of Pharmacy

**STAFF PRESENT:** Elizabeth A. Carter, Ph.D., Executive Director for the Board  
Justin Crow, Deputy Executive Director for the Board  
Laura Jackson, Operations Manager

**OTHERS PRESENT:** Michele Chesser, Ph.D., JCHC

**QUORUM:** A quorum was established with four members in attendance.

**PUBLIC COMMENT:** There was no public comment.

**APPROVAL OF MINUTES:** May 20, 2014 Public Hearing Meeting  
On properly seconded motion by Ms. Haynes, the meeting minutes were unanimously approved.

May 20, 2014 Committee Meeting  
On properly seconded motion by Ms. Haynes, the meeting minutes were unanimously approved.

**DENTAL HYGIENIST REVIEW** Dental Hygienist Scope of Practice Review  
Mr. Crow provided a PowerPoint presentation providing a summary of research-to-date on the Dental Hygienist Scope of Practice review. (Attachment 1)

Dr. Chesser provided a PowerPoint presentation including information from the JCHC study, requested by Senator Barker (SB 50) back in 2012, regarding the cost of uncompensated dental care and the dental safety net (Attachment 2)

Mr. Crow provided an overview of the policy options for this study. (Attachment 3)

**NEW BUSINESS:**

Mr. Crow requested a Regulatory Research Committee meeting be set for February 17, 2015 at 9:00 a.m.

**ADJOURNMENT:**

With no other business to conduct, the meeting adjourned at 10:22 a.m.

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Virginia Van de Water, Ph.D.  
Chair

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Elizabeth A. Carter, Ph.D.  
Executive Director for the Board



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## Dental Hygienists Scope of Practice Review

Regulatory Research Committee  
Board of Health Professions

Justin Crow, MPA  
*Deputy Executive Director*  
Virginia Board of Health Professions

Jan 22, 2014

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## Purpose

- Virginia Health Reform Initiative
    - Update Scope of Practice Laws to increase healthcare capacity
  - BHP Priorities (May 2010 Meeting)
    - ✓ – Nurse Practitioners
    - ✓ – Pharmacists & Pharmacy Technicians
    - Dental Hygienists
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- **CRITERION ONE: RISK FOR HARM TO THE CONSUMER**
  - **CRITERION TWO: SPECIALIZED SKILLS AND TRAINING**
  - **CRITERION THREE: AUTONOMOUS PRACTICE**
  - **CRITERION FOUR: SCOPE OF PRACTICE**
  - **CRITERION FIVE: ECONOMIC IMPACT**
  - **CRITERION SIX: ALTERNATIVES TO REGULATION**
  - **CRITERION SEVEN: LEAST RESTRICTIVE REGULATION**
    - When it is determined that the State regulation of the occupation or profession is necessary, *the least restrictive level of occupational regulation consistent with public protection will be recommended* to the Governor, the General Assembly and the Director of the Department of Health Professions
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## Virginia's Dental Workforce

- Dentist
    - Diagnosis, treatment, surgery, dental home
  - Dental Assistant
    - Chair-side Assistant
    - Dental Assistant II—Expanded Role
  - Dental Hygienist
    - Prophylactic Hygiene
    - Cleaning, sealing, fluoride application, patient education
-



## Some Terminology

- Supervision: Virginia Board of Dentistry
  - Direct Supervision: Specific to Dent. Asst. II
  - Indirect Supervision: On site
  - General Supervision: Dentist prescribes tasks but need not be on site when performed.
  - Remote Supervision: Periodic review by dentist.
  - For specific definitions, see 18VAC60-20-10
  
- Supervision: Committee Study
  - Direct Supervision: Dentist on site
  - General Supervision: Same
  - Remote Supervision: Same



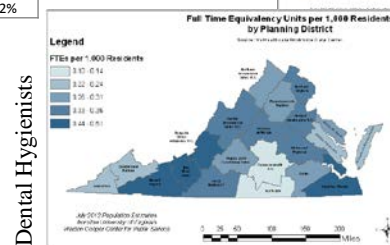
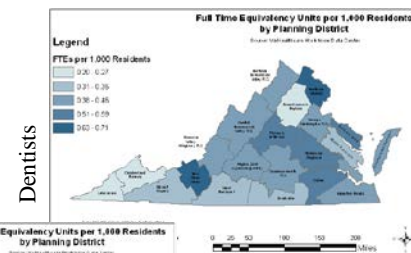
## Hygienist Scope of Practice in Va

- “General Supervision”
  - Dentist evaluates patient and prescribes hygiene services prior to services being provided.
  - Dentist does not have to be on site when most services are provided.
    - May only use topical anesthesia.
  - Authorization for 10 months max.
  - Total of 4 Dental Hygienists & Dental Assistant IIs per Dentist



## Scope of Practice & Access

Primary Workplace	Dental Hygienist	Dentist
Solo Practice	53%	51%
Group Practice	39%	38%
Hospital	1%	3%
Public Health	1%	3%
Dental School	2%	2%
Community Clinic	1%	1%
Long-term Care	0%	0%
K-12 School	0%	0%
Other	3%	2%



## VDH Protocol

- “Remote Supervision”
  - VDH Public Health Hygienists w/ 2 years exp only
  - RS w/ VDH Dentist
    - Can supervise any # of hygienists
    - Annual on-site review
    - Personal communication every 14 days
    - Daily report review
  - Limited services
    - Education & prevention
    - Sealants, Fluoride, Prophylactic cleaning (no anesthesia)

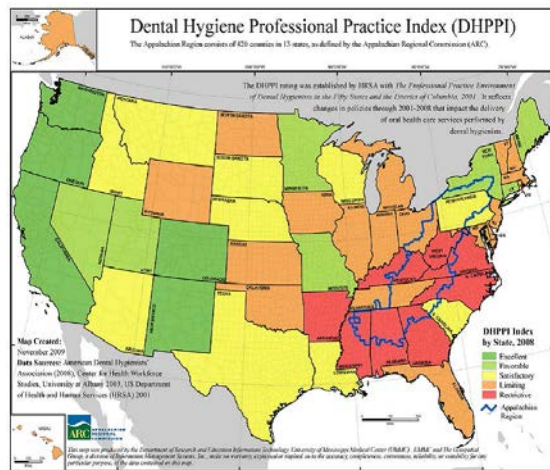


## Models at a Glance

	Virginia Dental Hygienist	VDH Protocol	Colorado Dental Hygienist	Maine Independent Practice DH	California Registered DH in Alternative Practice	Massachusetts Public Health DH
<b>Additional eligibility requirements</b>	None	Two years experience	None	Assoc + 5,000 hrs exp BSDH + 2,000 hrs exp	Bachelor's degree	Three years full-time experience
<b>Settings</b>	Any	Public Health Agency	Any	Any	Dental shortage areas, Long term care, K-12 schools, Hospitals, Public Health	Long term care, K-12 schools, Hospitals, Community Health Clinics
<b>Tasks</b>						
Local/inhalation anesthesia	DS		DS			
X-rays, etc.	DS		IA			
Polishing	GS		IA	IA		
Apply topical anesthetic agents	GS		IA	IA		RS
Scaling	GS	RS	IA	IA	IA	RS
Clinical Examination	GS	RS	IA	IA	IA	RS
Prophylaxis	GS	RS	IA	IA	IA	RS
Apply Sealants	GS	RS	IA	IA	IA	RS
Application of topical fluorides	GS	RS	IA	IA	IA	RS
Oral Health Education	IA	RS	IA	IA	IA	RS
Preliminary Screenings/assessment	IA	RS	IA	IA	IA	RS



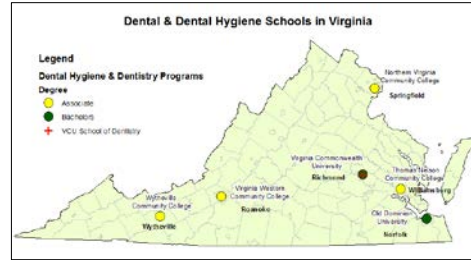
## Dental Hygiene Professional Practice Index



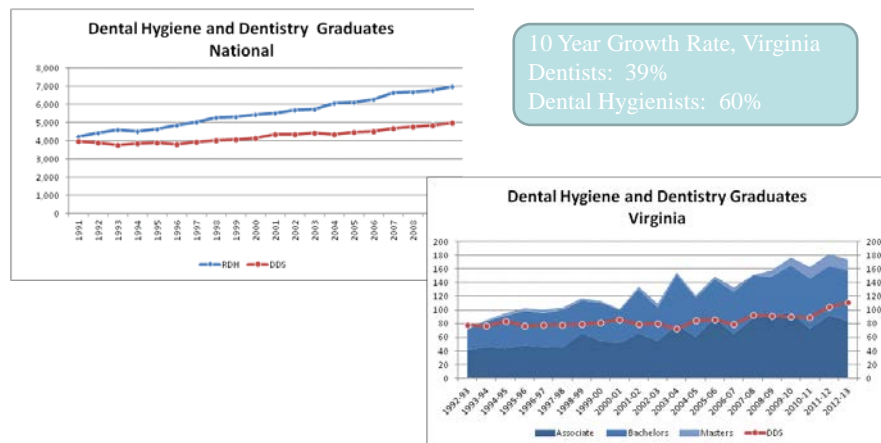


## Education

Program Type	National	Virginia
<b>Entry-Level Programs</b>		
Certificate	8	0
Associate	287	4
Bachelor	53	2
<b>Degree Completion Programs</b>		
Dental Hygiene (BSDH)	44	1 (ODU)
Related (Health Science, Allied Health)	11	0
<b>Masters Programs</b>		
Dental Hygiene (MSDH)	17	1 (ODU)
Related (Health Science, Oral Health Care)	5	0



## Graduate Growth







## ED Visits & Dentist Distribution

Dental-related visits to the ED, US, 2009, per 100,000 Population			
Ratio of patients to dentists	Total ED visits	Treat-and-release ED visits	Hospital admissions from the ED
<b>&lt;1,500:1 (desirable)</b>	216	212	4.2
<b>1,500-2,000</b>	326	321	5.3
<b>2,000-3,000</b>	336	333	2.9
<b>3,000-4,000 (poor)</b>	447	443	3.6
<b>&gt;4,000:1 (HPSA)</b>	382	379	3.1
Patient Residence			
<b>Large Metropolitan</b>	217	213	3.9
<b>Small Metropolitan</b>	369	365	4.7
<b>Micropolitan</b>	478	474	4.9
<b>Rural</b>	480	476	4.3
Community Income Level			
<b>Highest</b>	111	109	2.2
<b>Moderate</b>	238	235	3.3
<b>Low</b>	387	381	5.8
<b>Lowest</b>	452	448	4.7

Source: [AHRQ Healthcare Cost and Utilization Project](#).

1-2% of ED Visits for Dental Care

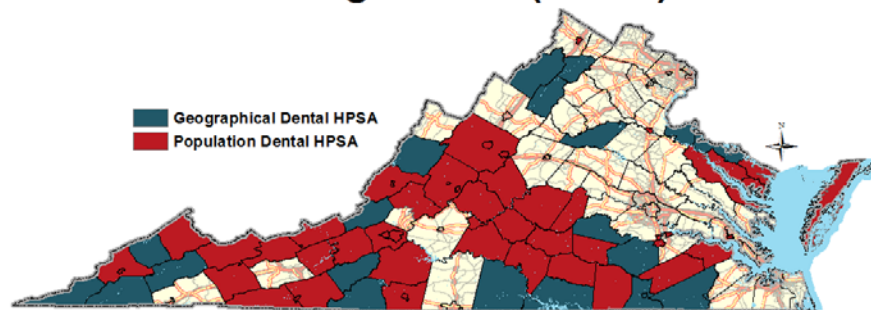
80% of dental ED visits were for preventable conditions (ADA)

Cost per visit: \$760-\$1,000



Updated on 02/28/2014

## Virginia Dental Health Professional \* Shortage Areas (HPSA) \*\*



\* Up-to-date designation data obtained from HRSA Shortage Designation Warehouse <http://datawarehouse.hrsa.gov/>

\*\* Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of dental care and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The Dark blue color on the map shows the HRSA shortage area of county or service area (Geographic) for dental Care while the Red color shows the Low-income population areas (Population).



## Regulation, Access & Outcomes

- Studies find that loosening Hygienist Regulation:
  - Lowers costs
  - Increases access to dental care
    - Including visits to dentists
    - Particularly in rural or targeted areas
  - Increases Hygienist:
    - Employment growth rate
    - Incomes
  - Lowers Dentist:
    - Employment growth rate
    - Incomes
  - Does not lower health outcomes

Work Setting (RDHAP's may list multiple settings)	% of RDHAPs reporting working in this setting
Residential facility/assisted living	63.6%
Residence of homebound	61.0%
Nursing home/skilled-nursing facility	58.5%
Schools	22.1%
Independent office-base practice in DHPSA	14.4%
Other institution	12.8%
Hospital	9.3%
Local public health clinic	7.6%
Home health agency	5.9%
Community centers	5.1%
Federal/state/tribal institution	4.2%
Community/migrant health clinic	4.2%
Other	2.5%



## Risk of Harm

–Board Staff found **no evidence** of an increased risk of harm from independent or remote practice of Hygienists in other states or in the VDH Protocol.

–Several studies found that Hygienists in direct access models (including remote supervision) provide quality care and improve the oral health of the patients they serve.

–Concerns that Dental Hygienists may miss some problems dentists would catch.



## Dental Disease & Oral Hygiene

Virginia Oral Health Coalition:

–312,184 children (3-15) suffer from untreated dental decay.

–653,566 adults (35-74) suffer from dental decay or moderate to severe dental disease.

*“Increasing availability to preventive services such as sealants and fluoride has been proven to significantly reduce the dental disease burden.”*

*–Virginia Department of Health*

*“Approximately one in 10 cases of death from pneumonia in elderly nursing home residents may be prevented by improving oral hygiene.” --  
Journal of the American Geriatrics Society*

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# DENTAL SAFETY NET CAPACITY AND OPPORTUNITIES FOR IMPROVING ORAL HEALTH

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Joint Commission on Health Care  
October 8, 2014 Meeting

Michele Chesser, Ph.D.  
Senior Health Policy Analyst

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## Study Mandate

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- 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

## Approved 2013 JCHC Policy Option

Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity *and educational priorities* of Virginia's *oral health care* safety net providers – *to include an in depth look at ways to more proactively divert patients from ERs to dental resources within their communities and to include discussion on alternative settings where additional providers (such as registered dental hygienists) can practice to access additional patient populations that are not being reached. The study and its objectives should be led by the many and diverse stakeholder in the oral health community:* The Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, *the Virginia Dental Hygienists' Association, the Virginia College of Emergency Physicians,* Virginia Dental Association, *Virginia Commonwealth University School of Dentistry,* Virginia Health Care Foundation, *Old Dominion Dental Society,* Virginia Oral Health Coalition, *Virginia Health Care Association,* and Virginia Rural Health Association will be asked to work with JCHC staff in determining the need for any *additional funding and resources to take care of Virginia's most vulnerable citizens. Furthermore, the group would be charged with taking a longer view of resources needed to improve education, awareness and proactivity for changing oral hygiene habits. The group would also collaborate with the Department of Education and other education stakeholders to expand oral health education in public schools.* (This approved option combines the amendments, in red, proposed by VDA, VDHA, VBPD, and VACEP during the public comment period)

## Background

- JCHC staff convened a work group of approximately 30 individuals representing a broad range of stakeholders
  - During the first work group meeting, it was decided to create five subcommittees to address the following issues identified as most relevant to the study
    - Dental safety net capacity
    - Development of an emergency department diversion plan
    - Potential expansion of the Remote Supervision of Dental Hygienists model developed by the Virginia Department of Health (VDH)
    - Education and prevention
    - Teledentistry
  - The full work group and subcommittees each met twice to review information and formulate ideas, for a total of 12 meetings

## STUDY WORK GROUP TOPICS

Dental Safety Net Capacity

Emergency Department (ED) Diversion Plan

Expansion of the Remote Supervision of Dental Hygienists Model

Education and Prevention

Teledentistry

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## Dental Safety Net Capacity

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## Virginia Health Care Foundation

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- The Virginia Health Care Foundation (VHCF) actively supports dental care for uninsured Virginians
  - The VHCF has invested \$10.7 million in dental grants to help establish or expand 46 of Virginia's 81 dental safety net clinics
  - VHCF partners with a dental company to enable providers serving the uninsured to receive a substantial discount on dental equipment and supplies, maintenance and repair, and dental practice management software
  - Working with Larell Dentures, VHCF is making dentures available to low-income, uninsured Virginians at 20 percent of retail value
  - VHCF's Dental Opportunities Coordinator (funded by a grant from Delta Dental of Virginia) helps Virginia's dental safety net providers address the challenges and concerns related to providing dental care to at risk Virginians

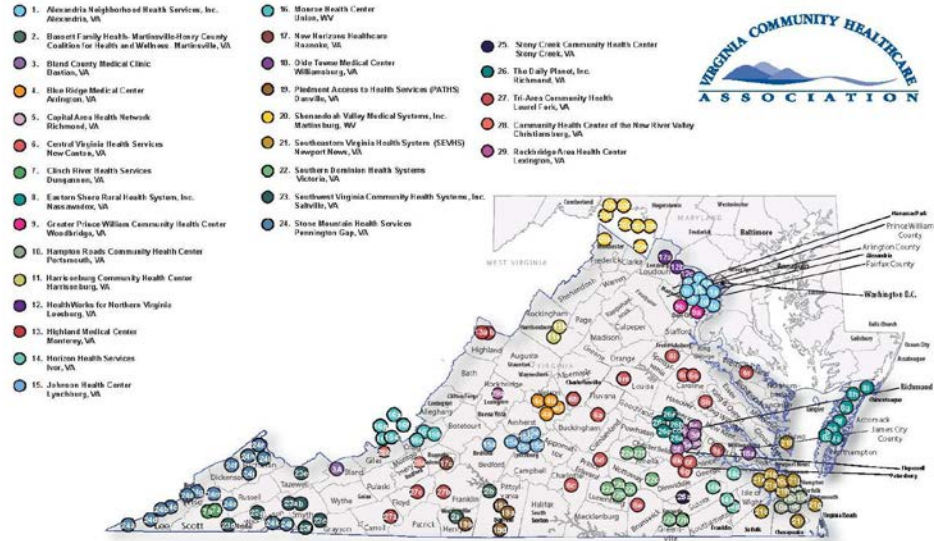
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## Community Health Centers

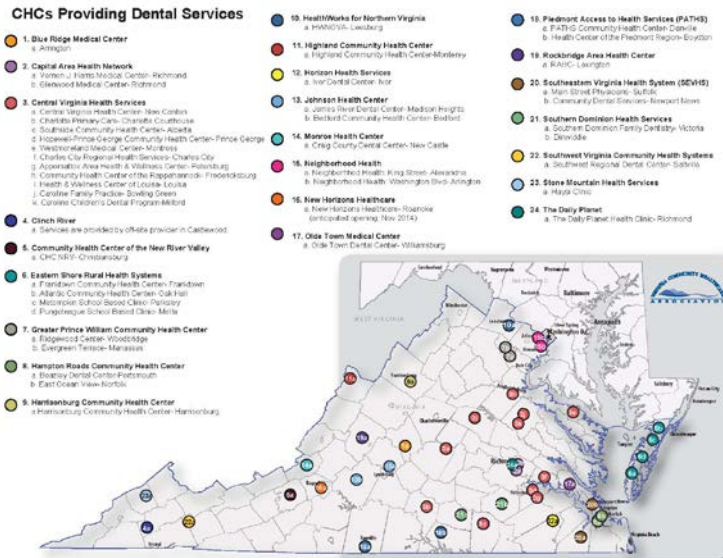
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- Community Health Centers (CHCs) are nonprofit organizations, located in medically under served areas, that provide comprehensive primary health care to anyone seeking services
  - There are over 130 health center sites, serving more than 300,000 patients
- CHCs provide medical, dental, pharmaceutical, behavioral health and prevention services
  - In addition to treating individual patients, health centers emphasize health promotion and disease prevention for entire communities
- In order to maximize limited resources, CHCs develop linkages in the community with other private and public providers, pharmacies, nursing homes and local businesses

# Community Health Centers Creating access to health care across Virginia



# Community Health Centers Dental Sites across Virginia





## Community Health Centers

### Income Levels of Patients as Percent of the Federal Poverty Level (FPL)\*

Income Levels	Number of Patients	Percent of Patients
100% FPL	169,222	59%
101 - 150% FPL	55,370	19%
151% - 200% FPL	23,387	8%
Over 200% FPL	38,625	13%
<b>Total</b>	<b>286,604</b>	<b>100%</b>

\*Does not include patients from Olde Town Medical Center or new sites for 2014

Source: 2013 Virginia Uniform Data System (UDS ) Report

## Community Health Centers

### Payer Sources of All Patients and Dental Patients\*

Payer Sources	Number of Total Patients	Percent of Total Patients	Percent of Dental Patients**
Uninsured	111,572	39%	61%
Medicaid	59,234	21%	16%
FAMIS (CHIP)	6,956	2%	2%
Medicare	43,500	15%	3%
Private Insurance	65,342	23%	15%
Other			3%
<b>Total</b>	<b>286,604</b>	<b>100%</b>	<b>100%</b>

\*Does not include patients from Olde Town Medical Center or new sites for 2014

\*\*Estimated percentages based on a sample of CHC sites, 2014

Source: 2013 Virginia Uniform Data System (UDS ) Report

## Community Health Centers

### Dental Services

- 24 Community Health Centers provide dental services at 44 sites (34% of all sites), plus 1 off site provider
  - 42,380 dental patients were seen in CY 2013\*
  - There were 104,428 dental visits in CY 2013\*
    - The average cost per dental visit is \$190.77
- The following are the number and type of dental personnel employed by CHCs:
  - 56 dentists (DMD & DDS)
  - 5 registered dental hygienists
  - 80 dental assistants (estimated)

\*Does not include patients from Olde Town Medical Center and new sites not required to file 2013 UDS report

## Community Health Centers

### Dental Services

- There are 150 operatories (dental chairs) housed in CHCs
  - Not all available operatories are being utilized at this time, often due to the inability to find or fund a dentist to provide services
- An estimated \$6.1 million of additional funds would be needed to cover the cost of providing dental care to the uninsured
  - The funding would insure stability of the existing safety net of CHCs providing dental services to low-income uninsured Virginians and to Virginians with Medicaid who do not currently have dental benefits
    - Extending dental benefits to the current population of Medicaid adults may bring a 50 percent match of Federal funding (FMAP)
  - The additional funding also would enable the CHCs currently providing dental services to extend care to a greater number of uninsured patients at their centers

\*Does not include patients from Olde Town Medical Center and new sites not required to file 2013 UDS report

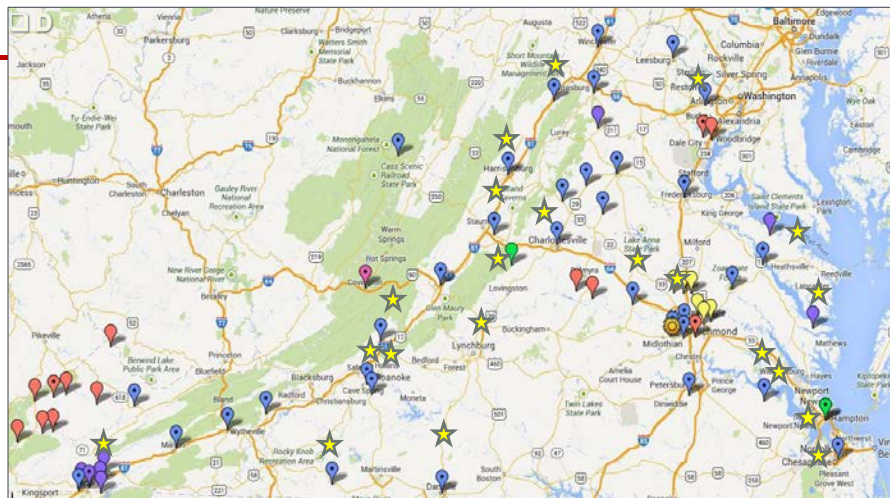
## Free and Charitable Clinics

- The Virginia Association of Free and Charitable Clinics has 60 member clinics
  - Over 72,000 adult patients were served by members in CY2013
    - Including 14,500 dental patients
  - Patients are at or below 200 percent of the federal poverty level (FPL)
- 25 Members provide on-site dental care
  - The number of patients treated ranged dramatically in 2013 from 53 to 1,762 (plus one outlier clinic which treated 2,207 patients)
- Five members provide off-site dental care by partnering with community dentists who render services at their office
  - These clinics treated a total of 181 patients in 2013, with the number treated at each site ranging from 5 to 76 patients
- There are 95 dental operatories within member clinics
- 462 dentists and 142 hygienists volunteer their time

## Free and Charitable Clinics with On-Site Dental

- |                                    |                               |
|------------------------------------|-------------------------------|
| • Virginia Beach                   | • Hanover                     |
| • Bradley (Roanoke)                | • Goochland                   |
| • Patrick County                   | • Harrisonburg                |
| • Charlottesville                  | • Bristol                     |
| • Chesapeake                       | • Lackey (Yorktown)           |
| • Botetourt                        | • Moss (Fredericksburg)       |
| • Cross Over (Richmond)            | • Mission Life (Fairfax)      |
| • Fauquier                         | • Northern Neck (Kilmarnock)  |
| • Central Virginia (Lynchburg)     | • Rescue Mission (Roanoke)    |
| • Northern Shenandoah (Winchester) | • HELP (Hampton)              |
| • Gloucester-Mathews               | • Shenandoah (Woodstock)      |
|                                    | • Newport News                |
|                                    | • Danville                    |
|                                    | • Western Tidewater (Suffolk) |

## Free and Charitable Clinics



## Free and Charitable Clinics

- The total annual budget for dental care is \$5 million
- While free and charitable clinics are able to provide dental care to a significant number of Virginians in need, most are not able to meet the high demand for services in their community
  - Many clinics have significant wait lists. For example:
    - 76 patients of the Charlottesville clinic are on a waiting list with acute pain, and 515 patients have been waiting as long as two years for restorative work at the clinic
    - 754 persons are on a waiting list for dentures in SW Virginia and the clinics are no longer able to add more individuals to the list
  - According to a survey of clinics conducted by the VHCF, many clinics have stopped keeping a wait list because the demand is “overwhelming”

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## Free and Charitable Clinics

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- While almost one-half of Virginia's free clinics offer some dental services, only 20 percent of all free clinic patients received any dental care in 2013
- Approximately one-third of free clinics providing dental care are only able to treat fewer than 100 patients per year
  - Three clinics provide dental care for one hour per week
- Only four free clinics provide dental care 30 or more hours per week

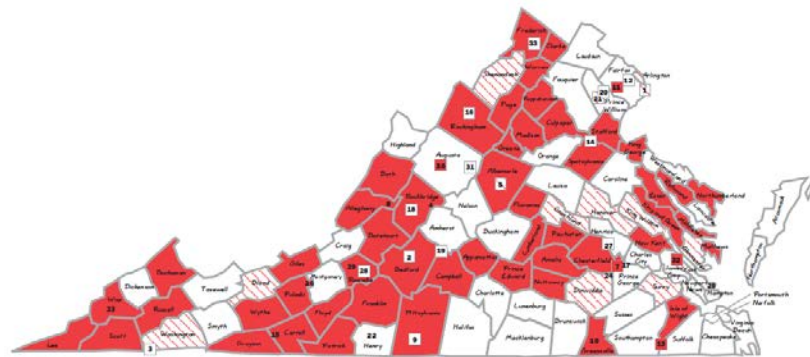
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## Free and Charitable Clinics

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- An additional \$3.3 million would be needed to expand dental capacity within clinics already providing on-site care and would provide:
  - Additional part-time and full-time dentists, dental assistants and hygienists
  - A part-time oral surgeon in at least one clinic
  - Supplies (especially dentures)
  - Additional chairs and accompanying materials
  - Physical expansion/construction needed for some clinics to add operatories
- With the added funding, all clinics combined would be able to treat 15,474 additional dental patients per year

### Localities with No Dental Safety Net Sites for Adults (2014)



#### Cities

1 Alexandria	12 Falls Church	23 Norton
2 Bedford	13 Franklin	24 Petersburg
3 Bristol	14 Fredericksburg	25 Poquoson
4 Dumfries	15 Galax	26 Radford
5 Charlottesville	16 Harrisonburg	27 Richmond
6 Clifton Forge	17 Hopewell	28 Roanoke
7 Colonial Heights	18 Lexington	29 Salem
8 Covington	19 Lynchburg	30 Staunton
9 Danville	20 Manassas	31 Williamsboro
10 Emporia	21 Manassas Park	32 Williamsburg
11 Fairfax	22 Martinsville	33 Winchester

#### Key

<span style="color: red;">■</span>	No Dental Safety Net Site
<span style="border: 1px solid black; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); display: inline-block; width: 10px; height: 10px;"></span>	Services Available Part-Time
<span style="border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	Services Available Full-Time (4 or more days/week)

Virginia Health Care Foundation  
www.vhcf.org  
(804) 529-5804

## Survey of ED Use for Dental Care Among MOM Participants

- The ED diversion plan subcommittee worked with the Virginia Dental Association Foundation to create a questionnaire on emergency department use for dental needs that was disseminated to patients at the Missions of Mercy (MOM) event in Grundy, Virginia last weekend
  - The results provide information about the experiences of uninsured individuals who have sought care in a hospital emergency department
  - The questionnaire was given to persons waiting in line to receive dental services
  - Individuals were informed that their participation was voluntary and 362 of 446 patients completed the questionnaire, resulting in a 81 percent response rate

### Grundy MOM Survey

The Virginia Dental Association Foundation is looking for ways to better assist you in finding the dental care you need. It would help us to know how many people have to go to the emergency room (ER) for dental care. Your participation in the survey is voluntary, but we would really appreciate your help on this. Thank you!

- Have you ever used the emergency room (ER) of a hospital for a dental problem?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*(If you answered no, please stop here. You do not need to finish the survey. Thank you!)*

- If you answered yes to the above question, for your **most recent visit to the ER** did they

\_\_\_\_\_ Suggest you see a dentist, but did not provide information about where to go?

\_\_\_\_\_ Suggest you see a dentist and provide you a list of dentists (address and phone number) where you could be treated?

\_\_\_\_\_ Suggest you see a dentist and provide a referral to a specific dentist who would treat you for free or at a reduced fee?

\_\_\_\_\_ Tell you that further treatment was not needed?

\_\_\_\_\_ Other (Please explain: \_\_\_\_\_)

- How many times within the last **12 months** have you gone to the emergency room (ER) **for a dental problem**? \_\_\_\_\_ times

- How many times within the last **3 years** have you gone to the emergency room (ER) **for a dental problem**? \_\_\_\_\_ times

- Regarding your **last visit** to the emergency room **for a dental problem**, what kind of care did they provide? If they provided more than one type of care (like prescribing medicine for an infection and medicine for pain) then please put an **X** next to all that apply.

- Prescribed medicine (like antibiotics) for an infection \_\_\_\_\_

- Prescribed pain pills \_\_\_\_\_

- Other (please explain) \_\_\_\_\_

- In which county or city/town do you live? \_\_\_\_\_

## Survey of ED Use for Dental Care Among MOM Participants

- 16 percent of the respondents indicated that they had used a hospital ED for dental problems
- When asked about their last experience to the ED
  - 72.3 percent were told by ED staff that they needed to see a dentist, but were not given information about where to seek care
  - 21.3 percent were told they needed to see a dentist and were provided a list of dental clinics they could contact to make an appointment for treatment
  - 4.3 percent were told they needed to see a dentist and were given a referral to a specific dental clinic where they could be treated for free or at a reduced rate
  - 2.1 percent were told that they did not require further treatment

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## Survey of ED Use for Dental Care Among MOM Participants

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- 35 individuals (9.7 percent) responded that they had been to an ED for dental issues in the past 12 months
  - Of these, 80 percent had been one or two times
- 44 individuals (12.2 percent) indicated that they had been to an ED for dental issues in the past three years
  - Of these, 54.6 percent had been one or two times, and 15.9 percent visited three to four times
- When asked about the type of treatment that was provided
  - 59.6 percent received an antibiotic
  - 63.8 percent received pain medication
  - One individual indicated that the doctor had numbed the painful area, and another mentioned that he had been instructed to take an over the counter pain medication

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## Expansion of the Remote Supervision of Dental Hygienists Model

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## 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

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## Expansion of Remote Supervision of Dental Hygienists Model

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- 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

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## Expansion of Remote Supervision of Dental Hygienists Model

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- 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

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## Policy Options

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**Option 1:** Take no action.

**Option 2:** Introduce budget amendments to increase funding for the following safety net providers for the provision of dental services.

- \$3.3 million for the Virginia Association of Free and Charitable Clinics member clinics
- \$6.1 million for Community Health Centers
- \$1 million for the Virginia Health Care Foundation for the creation of additional dental safety net sites.

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## Policy Options

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**Option 3:** Introduce a budget amendment for \$ \$9,530,325 GFs and \$ \$9,530,325 NGFs in FY 2016 to expand Medicaid to include preventive dental coverage for adults.

**Option 4:** Introduce a budget amendment for \$63,535,499 GFs and \$63,535,499 NGFs in FY 2016 to expand Medicaid to include full dental coverage for adults.

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## Policy Options

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**Option 5:** Introduce a budget amendment for \$400,000 GFs to allow the Virginia Department of Health to establish an Oral Health Workforce Fund.

**Option 6:** Request by letter of the JCHC Chair, that a representative of the Virginia Oral Health Coalition's Teledentistry Work Group report on their efforts to JCHC by October 2015.

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## Policy Options

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**Option 7:** Request by letter of the JCHC Chair, 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 to expand the remote supervision of dental hygienists model to safety net facilities

- The work group should report to JCHC by October 2015.

## Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on October 30, 2014. Comments may be submitted via:
  - E-mail: [sreid@jchc.virginia.gov](mailto:sreid@jchc.virginia.gov)
  - Facsimile: 804-786-5538 or
  - Mail to: Joint Commission on Health Care  
P.O. Box 1322  
Richmond, Virginia 23218
- Comments will be summarized and presented during the JCHC meeting on November 5<sup>th</sup>.

## Internet Address

Visit the Joint Commission on Health Care website:  
<http://jchc.virginia.gov>



**Contact Information**  
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## Citations

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1. Council of State Governments, Talking Points: Preventing Dental Decay. [www.healthystates.csg.org](http://www.healthystates.csg.org)
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4. Humphrey, Linda et al. 2008. "Periodontal disease and coronary heart disease incidence: A systematic review and meta-analysis." *J Gen Intern Med.* 23(12). September 20. 2079-2086.
5. Shenoy RP et al. 2009. "Periodontal disease as a risk factor in pre-term low birth weight: An assessment of gynecologists' knowledge, a pilot study." *Dent Res.* 20:13-6.
6. <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>



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## JCHC Study

**Michele Chesser, Ph.D.**  
Senior Health Policy Analyst

**Joint Commission on Health Care**  
A Standing Commission of the  
Virginia General Assembly



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## Policy Options

- **CRITERION ONE: RISK FOR HARM TO THE CONSUMER**
- **CRITERION TWO: SPECIALIZED SKILLS AND TRAINING**
- **CRITERION THREE: AUTONOMOUS PRACTICE**
- **CRITERION FOUR: SCOPE OF PRACTICE**
- **CRITERION FIVE: ECONOMIC IMPACT**
- **CRITERION SIX: ALTERNATIVES TO REGULATION**
- **CRITERION SEVEN: LEAST RESTRICTIVE REGULATION**
  - When it is determined that the State regulation of the occupation or profession is necessary, *the least restrictive level of occupational regulation consistent with public protection will be recommended* to the Governor, the General Assembly and the Director of the Department of Health Professions



## Policy Options

### **Option 1: Take No Action**

Take no action is the default option. Selection of this option implies that an expanded scope of practice for dental hygienists may pose a risk of harm to consumers, that the economic costs of current regulations are justified, and that current regulations are the least restrictive level of occupational regulation consistent with public protection.

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### **Option 2: Recommend Independent Practice for Dental Hygienists**

Selection of this option implies that dental hygienists have the education and professional infrastructure to practice independently of oversight by a dentist, that independent practice is consistent with public protection and that independent practice does not pose a risk of harm to consumers.

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**Option 3: Recommend Remote Supervision (Collaborative Practice) Protocols for Dental Hygienists**

Selection of this option implies that dental hygienists have the educational and professional infrastructure for expanded practice under the remote supervision of dentists, that remote supervision by dentists is the least restrictive form of regulation consistent with public protection, the economic costs of associated with remote supervision are justified, and that a remote supervision practice model does not pose a risk of harm to consumers.

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**Option 4: Recommend Restricting Expanded Scope of Practice to Certain Areas, Facilities or Populations**

Selection of this option implies that the balance of risk of harm and economic costs (specifically, reduced access to care) is different in some areas and facilities, and for some populations, than others. It implies that for selected settings and populations the economic costs of more restrictive regulations are not justified. A list of potential special areas, populations and settings appear in the Policy Options Matrix, next page.

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**Option 5: Recommend Restricting Expanded Scope of Practice to Dental Hygienists with Certain Training and/or Experience.**

Selection of this option implies that dental hygienists require additional education and/or experience beyond entry-level requirements to practice remotely or independently without an increased risk of harm to patients, and that this is the lowest level of education or experience consistent with public protection, and that the economic costs of this education or experience are justified. A list of potential education and experience combinations are included in the Policy Options Matrix, next page.

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**Option 6: Direct the Regulatory Research Committee to Convene a Workgroup to Develop Expanded Practice Protocols.**

Selection of this option would facilitate implementation of recommendations and development of appropriate regulations regarding appropriate clinical tasks, level of supervision, and other requirements. The workgroup shall consist of representatives of stakeholders, including (but not limited to) the Virginia Board of Dentistry, the Virginia Department of Health, the Virginia Dental Association, the Virginia Dental Hygienists Association, the Virginia Oral Health Coalition, and Virginia Commonwealth University's School of Dentistry, as well as a representative of a Virginia school of dental hygiene, organizations representing affected facilities, and patient or community advocates, and other representatives as selected by the Regulatory Research Committee.

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### Policy Option Matrix

Education/ Experience	Settings									
	No Setting Restrictions	In all Special Settings	dHPSA	Safety Net Clinics	Long Term Care	Hospitals	Homebound/ Home Health Agency	K-12 Schools	Public Health Agency	Other Facility
Entry-Level										
Two Years Experience (VDH Protocol)									RS	
Five Years Experience										
Associate and two years experience										
Associate and five years experience										
Bachelors degree										
Bachelors and two years experience										
Other Education/ Experience										



### Next Steps

- Public Hearing.
- Next RRC meeting.
  - Feb. 17, Board of Health Professions?
- Discussion
  - More information?
  - Ideas on policy options?