NH ORAL HEALTH ACCESS STRATEGY WORK GROUP
MEETING #6 SUMMARY
CENTENNIAL INN, CONCORD, NH
AUGUST 16, 2011

Work Group Members Present:
BJ Brown, Carolyn Hartnett, Gail Brown, Nancy DuMont, Mary Vallier-Kaplan, Ellen Legg, Stephanie Pagliuca, Hope Saltmarsh, Mary Lou Beaver, Shannon Mills, Richard Vachon, Stephen Hoffman, Suzanne Boulter, Ellen Fineberg

Critical Educators Present:
Lisa Bujno,Nancy Martin, Peg Snow, Jim Williamson, Susanne Kuehl

Project Support:
Jennifer Wierwille Norton, Julie Stitzel, Erin Hass, Lynnea Adams, Margaret Langelier (via conference call), Jean Moore (via conference call)

WELCOME: JENNIFER WIERWILLE NORTON

- Jennifer welcomed the work group members and critical educators to the sixth and final NH Oral Health Access Strategy Work Group meeting. Jennifer reviewed the agenda for the meeting and the contents of the packet.
- The packet included information about which Work Group members had inquired relative to Vermont and the emerging picture on workforce strategies in our neighboring state. Specifically, Work Group members wanted to know if a legislative proposal to implement a new workforce model had been introduced. In addition to being included in the packet materials, the link to the VT legislation (expected to be modified) which is to be deliberated starting in the VT state legislative session in January can be found here: http://www.leg.state.vt.us/docs/2012/bills/Intro/H-398.pdf.
- Jennifer reiterated that this was the final Work Group meeting and that the meeting focus was to come to consensus on recommendations for potential workforce provider models that have the greatest number of elements that meet the greatest number of NH needs and fit the guiding principles, and that the bulk of the meeting time was focused on conversation among Work Group members.
- To address the request by Work Group members for information about the potential capacity of NHTI (Concord's community college) to educate additional oral health providers, the Work Group welcomed Dr. Pamela Langley, the Vice President of Academic Affairs at NHTI. Dr. Langley is the overseer of all of the academic programming for the college, and provided insight into the process of developing new programs for the college and the college's thinking about its capacity.
- For context and for Dr. Langley's benefit, we reiterated that the Work Group was not thinking solely of dental hygiene but also of training folks with a variety of backgrounds working with a set of core competencies which would permit entry level education or further professional level education. In addition, it was

explained that the Work Group members have come to understand the need for restorative care in addition to the importance of preventive care, and therefore are looking to understand how to expand the capacity for restorative services. Work Group members were interested in understanding more about NHTI's interest in utilizing its state-of-the-art current technology to its full efficiency and building creatively on a resource already in place.

PRESENTATION BY: PAMELA LANGLEY, VICE PRESIDENT OF ACADEMIC AFFAIRS AT NEW HAMPSHIRE TECHNICAL INSTITUTE

- Pam Langley explained what NHTI, New Hampshire Technical Institute, could and could not do to provide educational and clinical space to educate a new oral health care provider in New Hampshire.
- Pam explained the enrollments of both the dental hygiene (48 students) and dental assisting (30 students) programs. Both programs have fully equiped clinics and are used 5 days/week for their respective programs, although there is flexibility and open time in the evening and weekend hours.
- Pam also explained that if non-credit courses were needed, the NHTI Business and Training Center could be an option for skills training. The courses could get underway more quickly then courses for credit. Since NHTI and the Training Center would need to break even, the courses might be higher then courses for credit that would be part of the NHTI curriculum.
- Pam explained that a Bachelor in Science degree has been discussed. This option faces political obstacles, requiring approval from the Division of Higher Education and Commission of Institutions on Higher Education, and could take at least a year to move through the process.
- Pam suggested that a program to educate a new dental care provider could also partner with a school that offers a Bachelors degree and/or Masters degree. She also suggested the possibility of on-line components.
- After Pam's presentation, there was an opportunity for Q&A.
- Q: What is the possibility of granting a degree from another institution? A: Could develop a program, and partner with a willing institution.
- Q: What is the capacity of the clinical space? A: The hygiene program has the capacity to see 24 patients at a time and the assisting clinic has the capacity to see 5 patients at a time. Neither clinic has extra capacity during week day hours, but both clinics could be free evenings and weekends.
- Q: Pam mentioned articulation with Vermont Technical Institute, what does articulation mean? A: College agrees to accept a number of credits, typically 64 credits, and accept a graduate of NHTI as a junior into a 4-year college. The enrolled student would take courses needed for degree completion.
- Q: Has NHTI tracked out a Bachelor of Science degree at NHTI? A: Yes, Donna Clougherty (Dental Auxiliaries Department Head) and Roderick Caron, NHTI

Supervising Dentist, have mapped out the possibility and both feel that NHTI has the expertise.

- Q: Could we create what we wanted for a new dental care provider, could we tailor it to what the work group has been discussing as options? A: Yes, a track would need to be created.
- Q: Is there capacity for the faculty at the NHTI Dental Auxiliaries department to do more? A: No, not with their current load assignments. They would either have to be hired above and beyond their current workload, or, be hired as adjunct. All programmatic areas of NHTI are experiencing budget challenges due to the state fiscal climate. Financing would be one of the elements in the planning.
- At the completion of Pam Langley's presentation, Jennifer thanked Pam for her time and expertise.

WORKGROUP DISCUSSION: GROUP CONVERSATION

- To begin the conversation, Jennifer utilized the following powerpoint slides to highlight key points that Work Group members have reiterated throughout the process:
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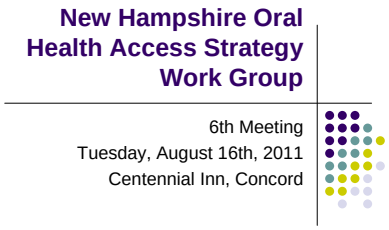

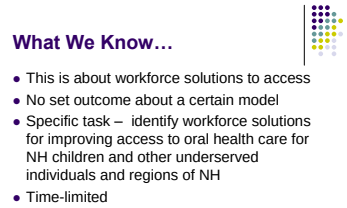

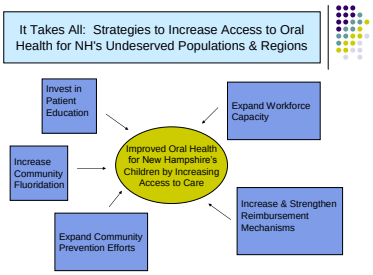

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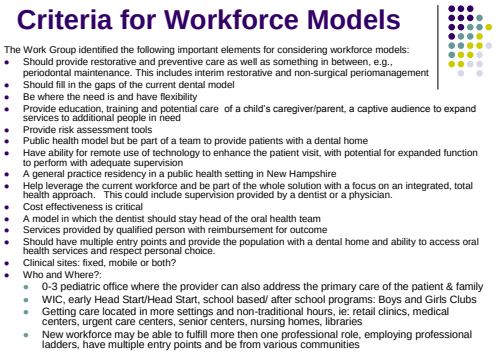

- There is no one approach. The Work Group colleagues continued to remind each other that the group was not necessarily talking about one model. The focus was on identifying what we want to solve, and then focusing on what the potential model might be. There was recognition that there will likely be a series of solutions and recommendations, not just one, to meet the different needs as identified and that we should build on what we already have in place.
- Workforce is one strategy of many important strategies. The Work Group reiterated that we believe as a group that it takes a combination of approaches and strategies to increase access to oral health for NH's undeserved populations and regions and that while this effort is focused on potential workforce models, effort must be made in myriad directions at the same time.
- Build on what works. Focus on the opportunities for building on what we have and filling gaps so that we are complementing what is going well in the system.

- Ability to enter through entry level education or further professional level education and training. We reiterated that the Work Group has been clear about the idea of multiple entry doors as members come up with solutions to access to care in New Hampshire – for example, career ladder opportunities for existing hygienists, those right out of high school who want to serve their underserved community to name just two ideas.
- Jennifer thanked those Work Group members who were able to complete the Survey Monkey tool which provided some general points of common interest.

Based on Survey Monkey Responses (themes)

- Create ability for pilot
- Ability to enter through entry level education or further professional level education and training
- Basic restorative
- Children + (building a base and foundation for serving other vulnerable populations – underserved elders and underserved adults)
- Community-based setting where population is (clinical setting as part of care team)

- Jennifer did not share the specific results of the Survey Monkey results, but did address the common themes that showed:
  - Creating a pilot for a new oral health care provider
  - Clear about understanding the need to join the existing dental team
  - Restorative procedures are very important
  - Children need to be the foundation for also getting their family members and caregivers in to the dental office for assessment and care, and vulnerable seniors and uninsured adults are also a concern.
  - Utilizing the safety net around larger clinics and pediatric medical practices.
- Based on feedback from survey responses and common themes and ideas, the following concepts were generated as a place to start the evening's conversation among Work Group members. They were intended not to compete one against each other but rather represented a package of interests as indicated by Work Group members.

Package of Models for Consideration
(modify, add, delete)

- Support Public Health Hygienist with expanded scope of service for limited basic restorative services
- Support NH Dental Society's effort for expansion of Extended Function Dental Assistants for NH
- Support a pilot program to develop the capacity for a collaborative auxiliary provider type which has Dental Therapist core competencies and permits entry level education or post professional education & training

- Jennifer suggested that the work group members share their thoughts on model recommendations with each other throughout the evening. That this the place to work openly with colleagues, to add to suggested provider models and modify models – for example considering medical practice providers and also address the issue of case management/care management.
- To Begin the work group discussion, Jennifer asked the members "what are the challenging things for the oral health provider models that have been discussed? What are your initial reactions and thoughts?"
- From the beginning of the conversation, Work Group members wanted to make sure that any recommendations or set of recommendations from the group would still be broad enough at to allow for a great deal of further input and nuanced work by stakeholders on the specifics of scope of practice, education, supervision, ability to serve targeted population or region of need, etc. to which everyone agreed yes – this is the first step of many steps for stakeholders to insert and assert themselves into the process of perfecting workforce solutions.
- Expanded Function Dental Assistants (EFDAs) were discussed among work group members. The discussion centered on the evidence of EFDA's to increase efficiency of a dental practice and whether increased efficiency would increase access for underserved populations and regions. To this, a work group member explained that an EFDA works under direct supervision of a dentist. The dentist may start a dental procedure and the EFDA may finish. The definition of authority varies from state-to-state, and what we are discussing is the need to fulfill the access to care issue. Member discussed EFDA's, and noted Wendy Frosh's presentation at the 3rd meeting, and addressed the concern that EFDA's may only be beneficial in a larger dental practice or clinic that has the operatory space. Work Group members hoped that an expanded EFDA in NH could translate to increased access for some areas, recognizing that it would need to be part of a larger package of solutions.
- As Work Group members looked at the provider chart developed by our research team partners, the Center for Health Workforce Studies, a member felt the three models under discussion are complimentary and could be used both separately and together as a team.
- Work Group members continue to search for common language and intent around regulation and licensing. Understanding that there are differing perspectives and experiences, we referred back to the definitions as defined under NH state law and regulations for consistent language.
- Work group members discussed the roles and definitions and complementary opportunities associated with public health dental hygienists and dental therapist. A member addressed the issue that some provider models make more sense in some settings and in some areas of the state, while other provider models work better in other areas. All Work Group members agreed on this

point. The Group reiterated that perhaps it takes a package of approaches to fulfill the access needs in NH.

- A work group member inquired as to why there wasn't a box for either dentists or medical providers on the chart. To this a work group member added that the American Medical Association once again addressed the mouth being part of the body, and that 0-3 can be treated by a medical professional.
- There was interest in recognizing that the group certainly understands and appreciates all that is being done on the prevention front and that more needs to be done, and that there is significant need for restorative care. In addition, there are many nuanced pieces in the middle which are critical for inclusion in our model work. A member addressed the fact that all of the oral health care providers in discussion could provide not just prevention but also reversible procedures and minimally invasive dentistry. The Work Group actually suggested and had general agreement on a language refinement to the first bullet on the guiding principles so that it reads, "Should provide restorative and preventive care as well as minimally invasive procedures."
- The Work Group reiterated that it wasn't starting with wanting a specific model with a specific label but rather starting with the goal of understanding the need and fulfilling the need, using the resources and information from the research team and building on the guiding principles and key criteria elements that the work group members had developed in previous meeting to drive toward a definition of a model that works for NH. This allows NH to create something that can be optimized for effectiveness.
- A member felt that the Public Health Dental Hygienist is the model that is going to bring what is needed to more places, including the possibility of working in medical centers. Since the AMA has been addressing the issue of pediatrics looking in the mouth, surveying the risk, providing fluoride varnish and then referring a child to a dentist, a PHDH may be a super model to fit into a medial practice.
- In response to this, the issue of restorative treatment was brought up. Although PHDH and medical providers are a great idea, and should be supported, how is this really addressing the need for restorative treatment?
- The Work Group called on Julie Stitzel from Pew to ensure that the interests of Pew had been given a full examination in the Work Group's collective work.
- Work Group members were very open to a pilot opportunity and gaining the authority for NH to conduct pilot projects. Members discussed both CA and OR having pilot projects and enabling legislation. Members were curious about how you educate and train providers – for example sending them to another state for education and training and then supporting them to return to the state to practice.

- The issue of a Public Health Dentist was also discussed as a possibility for an additional approach if alternative licensing and credentialing for them was considered in NH.

WORK GROUP CONVERSATION: Summary of Meeting

- After an open conversation and discussion among Work Group members which included careful review of the existing three draft concepts put forward and the addition of the fourth idea, Jennifer asked Work Group members if they were ready and comfortable to give a thumbs up/thumbs down vote of consensus on the model concepts as a package. This included reiterating that the Work Group was not voting one model over another model but rather as a package of concepts to move forward. Work Group members indicated that they were comfortable understanding, in general, of the access needs to be addressed, of the barriers to be addressed, of the model requirements, and where the potential models under consideration could be useful and reduce barriers to access for underserved populations and regions.
- **The Work Group gave general consensus to:**
    - **consider support for a Public Health Hygienist model with expanded scope of service for limited basic restorative services**
    - **consider support for an expansion of an Extended Function Dental Assistants model for NH**
    - **consider support for a pilot program to develop the capacity for a collaborative auxiliary provider type which has Dental Therapist core competencies and permits entry level education or post professional education & training**
    - **consider exploring alternative credentialing and licensing of dentists to improve access to care in underserved communities or areas.**
- The Work Group discussed next steps so that everyone would have a clear understanding of what to expect. Jennifer was clear that at the close of this 6th meeting, Work Group members commitment is officially concluded to the Work Group process.
- Jennifer reminded Work Group members that this is a long process which has many points for a whole range of constituency groups and stakeholders to insert and assert themselves in the process of improving and refining proposed workforce solutions for addressing access issues in the granite state. These steps include the legislative process, developing educational components, etc.
- Jennifer outlined that anything coming from the group that requires moving forward would be picked up by Erin Hass of Dennehy&Bouley, the government affairs firm. Erin will be responsible for the next phases of supporting action on the legislative and regulatory fronts including shepherding opportunities for educating constituencies. It should be expected that each Work Group member

will be contacted to see if and how they may be interested in being involved. The expectation was made that hopefully all Work Group members will find roles that they would want to play to move this work forward to achieve positive outcomes, including tasks such as testifying, writing op-eds, or being involved in educational sessions to name just a few activities.

- Jennifer extended a warm thanks to all Work Group members for their commitment of time and effort to the Work Group on top of all members do in their own careers and lives to improve the oral health of NH residents and communities.