

New Hampshire Oral Health Access Strategy Work Group

6th Meeting
Tuesday, August 16th, 2011
Centennial Inn, Concord

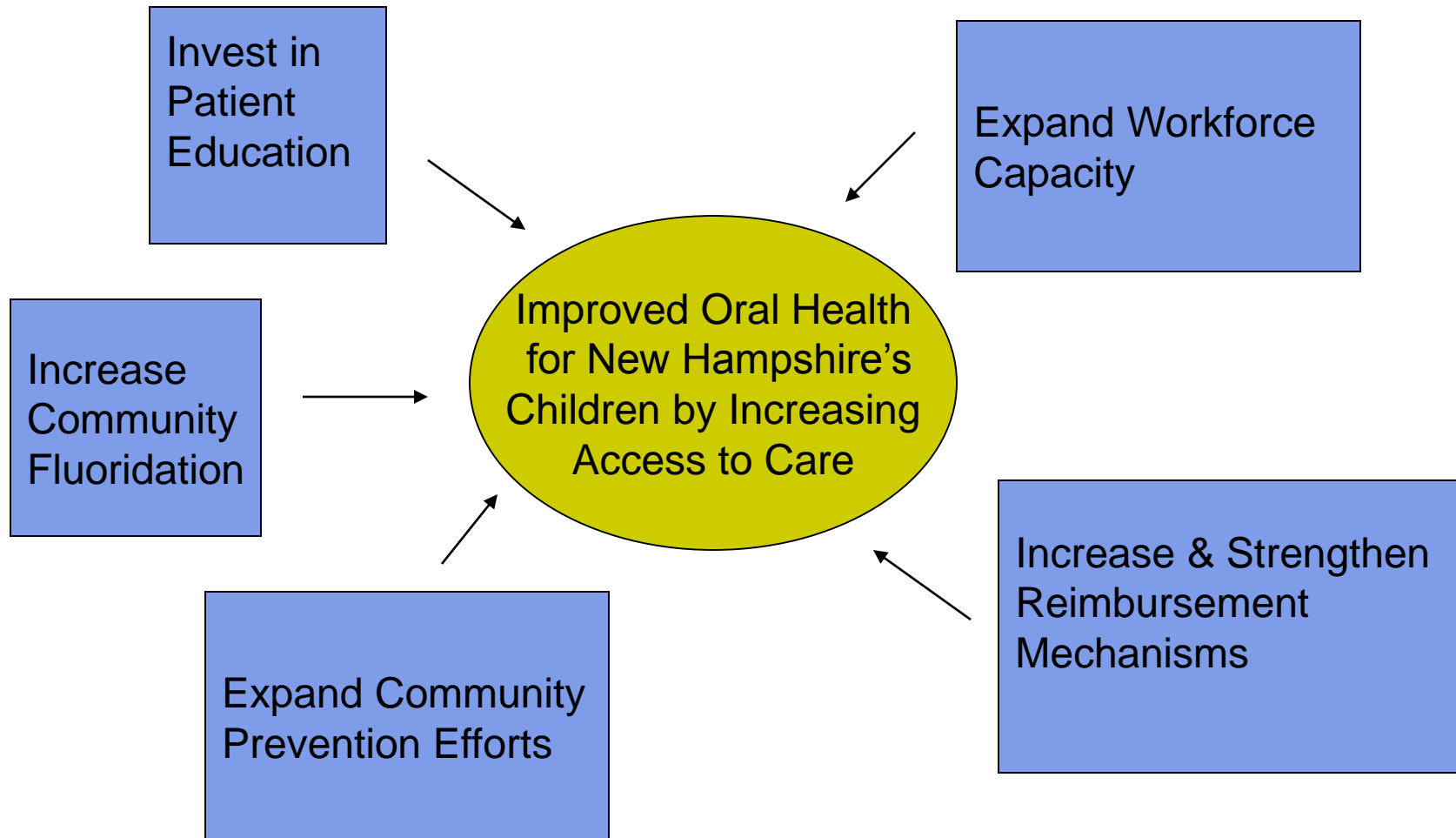


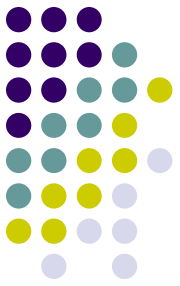


What We Know...

- This is about workforce solutions to access
- No set outcome about a certain model
- Specific task – identify workforce solutions for improving access to oral health care for NH children and other underserved individuals and regions of NH
- Time-limited

It Takes All: Strategies to Increase Access to Oral Health for NH's Underserved Populations & Regions





Considerations

- Workforce solution: Who is being served?
 - Low-income, children, elderly, rural, individuals with developmental disabilities?
- Workforce solution: How does the solution fit into existing systems of medical and dental care?
 - Dental clinics, Community Health Centers, private practice, hospitals, nursing homes, schools?
- Workforce solution: Located where?
 - Will the model address mal-distribution and gaps in access?

Guiding Principles



The Work Group will consider workforce models that:

- Serve primarily underserved children and builds a foundation for serving other vulnerable populations
- Deploy in areas that are officially and functionally underserved areas
- Prioritize preventive and restorative services
- Identify sustainable financing including adequate reimbursement
- Locate in settings that are most convenient for vulnerable populations
- Participate as part of the oral health team
- Fill gaps in the existing system
- May include new duties for existing members of the oral health team and/or new members of the oral health team
- Are based on the research and evidence of the demand for oral health in New Hampshire
- Meet the unique circumstances of the Granite State and seek regional solutions as needed
- Include evidence-supported supervision levels to ensure safety AND expand access
- Receive education to competently perform scope of services
- Support regulation that ensures quality of care and allows for scope of practice maximization

Criteria for Workforce Models



The Work Group identified the following important elements for considering workforce models:

- Should provide restorative and preventive care as well as something in between, e.g., periodontal maintenance. This includes interim restorative and non-surgical periomanagement
- Should fill in the gaps of the current dental model
- Be where the need is and have flexibility
- Provide education, training and potential care of a child's caregiver/parent, a captive audience to expand services to additional people in need
- Provide risk assessment tools
- Public health model but be part of a team to provide patients with a dental home
- Have ability for remote use of technology to enhance the patient visit, with potential for expanded function to perform with adequate supervision
- A general practice residency in a public health setting in New Hampshire
- Help leverage the current workforce and be part of the whole solution with a focus on an integrated, total health approach. This could include supervision provided by a dentist or a physician.
- Cost effectiveness is critical
- A model in which the dentist should stay head of the oral health team
- Services provided by qualified person with reimbursement for outcome
- Should have multiple entry points and provide the population with a dental home and ability to access oral health services and respect personal choice.
- Clinical sites: fixed, mobile or both?
- Who and Where?:
 - 0-3 pediatric office where the provider can also address the primary care of the patient & family
 - WIC, early Head Start/Head Start, school based/ after school programs: Boys and Girls Clubs
 - Getting care located in more settings and non-traditional hours, ie: retail clinics, medical centers, urgent care centers, senior centers, nursing homes, libraries
 - New workforce may be able to fulfill more than one professional role, employing professional ladders, have multiple entry points and be from various communities

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)

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

Next Steps and Adjourn



- Long Haul
- Thank you