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 Undeserved Populations & Regions

- Invest in Patient Education
- Increase Community Fluoridation
- Expand Community Prevention Efforts
- Expand Workforce Capacity
- Increase & Strengthen Reimbursement Mechanisms

Improved Oral Health for New Hampshire’s Children by Increasing Access to Care
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, i.e.: retail clinics, medical centers, urgent care centers, senior centers, nursing homes, libraries.
  - New workforce may be able to fulfill more then 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