New Hampshire’s New Workforce Models to Increase Access to Oral Health Care

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Integrating Innovative Oral Health Workforce Models to Serve New Hampshire’s Vulnerable Populations

**Funder:**
Health Resources and Services Administration (HRSA). Grants to States to Support Oral Health Workforce Initiatives

**Applicant Agency:**
State of New Hampshire Office of Oral Health

**Primary Partners:**
State of New Hampshire DHHS, Bi-State Primary Care Association, 4 Federally Qualified Health Centers, NH Technical Institute

NH Healthy Lives
PREVENT - PROMOTE - PROTECT
HRSA Project Objectives

1. Train and deploy 4 Certified Public Health Dental Hygienists (CPDH) and 4 Expanded Function Dental Auxiliaries (EFDA) in Dental Health Professional Shortage Areas (DHPSA).

2. Train at least 50 dental professionals about utilization of EFDA and CPHDH in dental practices. – Thank you!

3. Develop/implement a curriculum for students from various health professions to integrate oral health care with medical and behavioral health care at one pilot site.

4. Teach the next generation of dentists how to maximize service delivery among the dental workforce by providing clinical experiences in 2 FQHCs that employ EFDA and CPHDH.

5. Develop and implement a model to aid in the recruitment of water works operators; aimed at providing an introduction to the field and highlighting the impact that they have on ensuring the health of the public by 8/31/18.
Public Health Dental Centers

- Serve the population in their service area
  - By providing restorative services in their dental centers
    - EFDA can increase access to care by increasing the # of patients dentists can treat
  - By providing community-based services
    - CPHDHs can increase access to care by taking services to people where they are and linking them to restorative services
- Both increase the dental center’s capacity to improve oral health in their service area
Expanded Function Dental Axillary (EFDA)

Usually starts as a Dental Assistant or Hygienist who takes additional courses and completes supervised clinical training so they can work alongside a dentist to provide a set of restorative services.

- In Public Health – EFDA's increase access to restorative services at a dental center by reducing the time that a dentist spends with restorative patients.

- In Private Practice – EFDA's save the amount of time a dentist spends with restorative patients. How a dentist uses that found time will vary. It may increase access.
<table>
<thead>
<tr>
<th><strong>Goodwin Community Health:</strong></th>
<th>Donna Jones became certified as an EFDA and started practicing in this role early in 2018. Already seeing an increase in number of patients seen. As the team continues to work together efficiency continues to increase.</th>
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</thead>
<tbody>
<tr>
<td><strong>Mid-State Health Center:</strong></td>
<td>Dawn Thompson just completed clinical training and is starting to be scheduled with patients.</td>
</tr>
<tr>
<td><strong>Coos County Family Health Services:</strong></td>
<td>Kim Bergeron just completed clinical training and is starting to be scheduled with patients.</td>
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Learn more about EFDA later today at the luncheon roundtable with Donna Jones & Lynnea Adams
Maximizing Efficiency and Satisfaction with EFDAs

Ruth Bol, D.D.S., M.P.H.

Experience working with EFDAs in a variety of settings: Indian Health Service, Federally Qualified Health Centers and other public health & private practice settings.

A webinar and an in person training about working most efficiently with EFDAs have been held.

Consulted onsite with the 3 FQHCs that are integrating EFDAs into their practice. This allowed Dr. Bol to observe and give real time coaching and technical assistance to the practices to make this run smoothly for dentists, EFDAs and patients.
Hygienists with extra education have a Collaborative Agreement with a dentist to provide:

- Community-based care with DA
- Teledental capacity
- Stabilize decay, prevention, education, referrals
- Potential: “2/3 healthy in community sites and 1/3 get dental treatment in dental centers” Glassman (2015)
How many?

- Current numbers
- Approximate #s working as CPHDHs
- Most working with children
HRSA CDHC Sites

- ACHS – primary care
- Mid-State – primary care, Julie Phipps, CPHDH to speak
- Coos – Head Start and senior centers, exploring sites providing services for SUD and disabled
- Families First – nursing home, Cindy Bishop, CPHDH to speak
Challenges

- Financially sustainable model for CPHDH to serve adults and children
- Reimbursement
  - NH Medicaid limitations for adults and no direct billing by hygienists
  - Private insurers
Thank you

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