Improving Delivery Systems Through Workforce Innovations:

Options and Opportunities for the Dental Safety Net

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Dental Safety Net: What are we talking about?

"In its totality, the dental safety net is not an organized system of care…

but a hodgepodge of disparate local, state, and national programs and policies…

that seek to address the needs of vulnerable populations."

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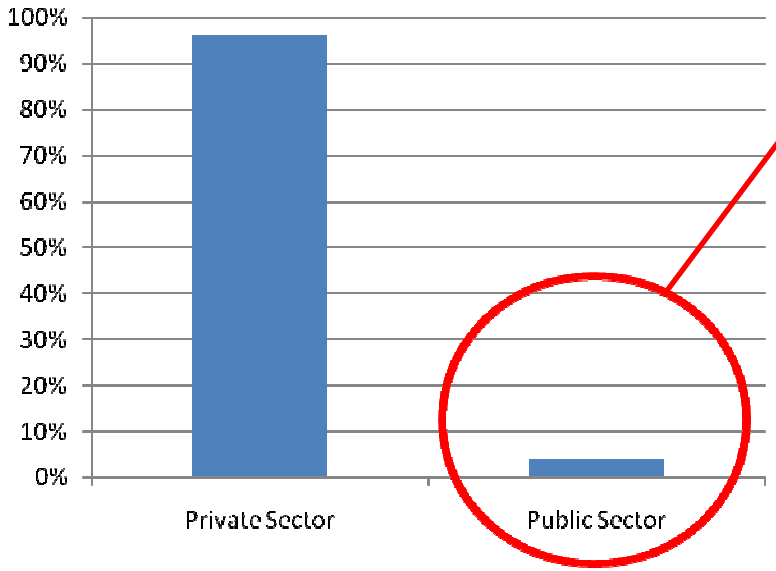
Dental Safety Net: Size and Composition

Private v. Public Delivery System
Distribution of Dentists



FQHCs
CHCs
Rural Clinics
Hospitals
Dental Schools
Hygiene Programs
Medicaid Dental Practices
Corporate Medicaid Practices
(Volunteer/Free Care Programs)

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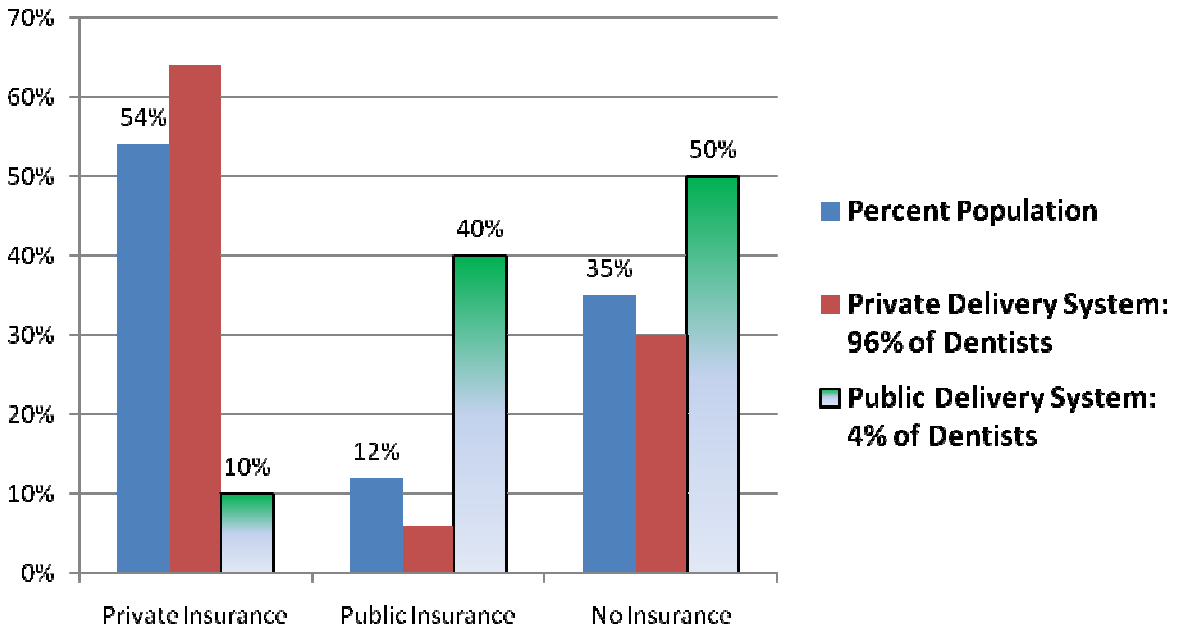
Safety Net Patient Mix

Distribution of US Population by Dental Coverage and Providers' Patient Mix



Sources:
MEPS; ADA Dental Practice Survey 2005; "FQHC Balancing Act" by Bob Russell

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Implications for Workforce Policy

Safety net deals with populations that have

- ✓ Greater vulnerabilities & social stresses
- ✓ Greater dental needs
- ✓ Lower quality coverage, if any
- ✓ Greater cultural diversity
- ✓ Lower education
- ✓ Less social capital
- ✓ Fewer logistic facilitators

Workforce & delivery systems therefore need to be

- ➢ More supportive
- ➢ More flexible
- ➢ More diverse & attuned (culturally, linguistically, socially)

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Public Systems Workforce Perspective: Surgeon Generals Workshop

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Rethinking Workforce Policy for the Safety Net

Dichotomies in need of reconsideration

1.	Medical	v.	Dental "Silos"
2.	Community	v.	Individual "Silos"
3.	Prevention	v.	Treatment
4.	Dental Care	v.	Oral Health
5.	Public Care	v.	Private Care
6.	Surgical	v.	Medical Interventions
7.	Centralized	v.	Dispersed Care Delivery

Concepts in need of exploration

1. Disease management
2. Vertically integrated systems of care with HIT support
3. Public-private partnerships

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Workforce Considerations

- Composition
- Numbers
- Distribution
- Competencies
  - Skills
  - Knowledge
  - Attitude
- Coordination

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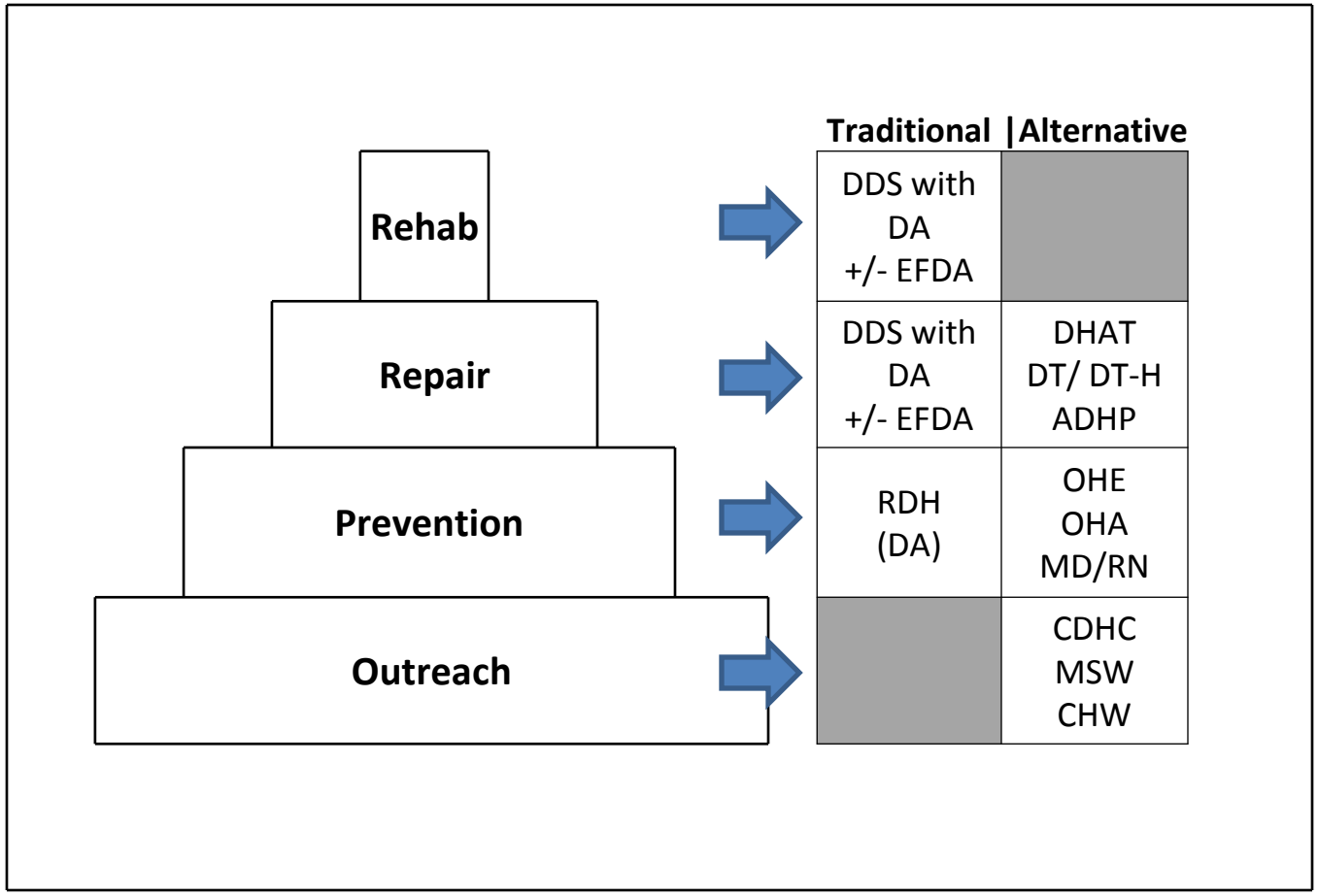
Traditional & Alternative Provider Roster: A Coordinated Care Approach



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Rethinking Workforce Policy for the Safety Net

Common Approaches

Across Safety Net, Rural, & Institutional care

1. Allow new roles for existing providers
2. Create new providers
3. Enhance training of all providers
4. Incentivize care of target populations
5. Integrate with medical care system
6. Maximize use of science
7. Attend to culture(s)

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Safety Net Workforce
Policy Recommendations

Policy Options

1. **Prevent**
   Manage risk and disease to reduce disease burden

2. Partner with the giant
   Engage the private sector.
3. Build from the bottom
   Foster a new kind of dentist & dental team.
4. Shift public policies
   Expand practice act options.
5. Try something new
   Experiment with new providers.
6. Do it better
   Enhance safety net performance

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Safety Net Workforce Policy Recommendations

Implementations

1. **Prevention:**

   Only route to better health outcomes at lower costs.

   - Develop effective bio-behavioral interventions that can be delivered by social workers, community health workers, behaviorists, nutritionists, & oral health educators as well as dental professionals.
   - Promote translational research on disease management to maximize science and curricula to utilize it.
   - Incentivize disease management

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Safety Net Workforce Policy Recommendations

Implementations

2. Engage the Private Sector

- Address Medicaid through programmatic “fixes” and professional engagement
- Contract private dentists to health centers to expand safety net workforce
- Encourage “mixed” practices and Medicaid-only models
- Enhance efficiency through delegation
- Draft more primary care medical providers into “front end” dental services & foster interdisciplinary teams
- Implement community outreach and facilitation programs
- Enhance clinical competencies in care of vulnerable people
- Expand interoperable health information systems and EDRs

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Safety Net Workforce Policy Recommendations

Implementations

3. **Foster a new kind of dentist (and new kind of faculty)**

- Promote value for vulnerable care from admissions through career guidance, including recruitment of rural candidates
- Build career ladders
- Improve curricula including for cultural competency,
- Promote experiential learning (true service learning) in safety net, rural and institutional settings
- Establish mandatory post-doctoral year in safety net
- Grow more advanced trained general dentists, especially through safety net-based residencies
- Promote safety-net careers through guided mentorship
- Provide financial incentives, including scholarships and loan repayments, for rural, institutional, and safety net careers
- Instruct trainees on mobile & tele-dentistry equipment

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Safety Net Workforce Policy Recommendations

Implementations

4. **Expand practice act options**

- Expand scopes of practice for all traditional providers
- Relax supervision requirements coupled with accountable systems of care
- Expand direct access dental hygiene
- Authorize demonstrations & evaluations of new providers
- Allow interstate tele-dentistry, especially in rural areas
- Clarify legality of oral health roles for medical providers
- Establish EFDAs in states without them
- Revisit accreditation

- Harmonize interstate standards

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Safety Net Workforce Policy Recommendations

Implementations

5. **Experiment with new providers**

– Develop, try, and evaluate a variety of new providers in organized, accountable systems of care.

- CDHC Community Dental Health Coordinator
- OPA Oral Preventive Assistant
- ADHP Advanced Dental Hygiene Practitioner
- DHAT Dental Health Aide Therapist
- DT Dental Therapist
- DT/H Dental Therapist/Hygienist
- OHE Oral Health Educator
- XYZ Give it your best shot!

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Safety Net Workforce Policy Recommendations

Implementations

6. **Enhance safety net performance**

- Improve safety net efficiencies through staffing enhancements
- Partner with private dental offices
- Develop minimal standard for ER care by medical workforce

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Healthcare Reform: Dental Workforce Provisions

Enhance

Promote

Query

Assess

Support

Expand

- ☑ "Title VII" dentist & dental hygienist training expanded from $15M to $30M and broadened.
- ☑ Faculty loan repayment for general, pediatric, public health dentistry with incentives.
- ☑ Alternative dental provider demo grants ($4M/yr, 5 years, 15 sites) with IOM review
- ☑ "DHAT" expansion with state's approval.
- ☑ National Healthcare Workforce Commission with dental priority.
- ☑ Expanded GME and primary care residency support.
- ☑ Public Health Workforce training and "Elite Federal Disaster Teams" that include dental professionals.

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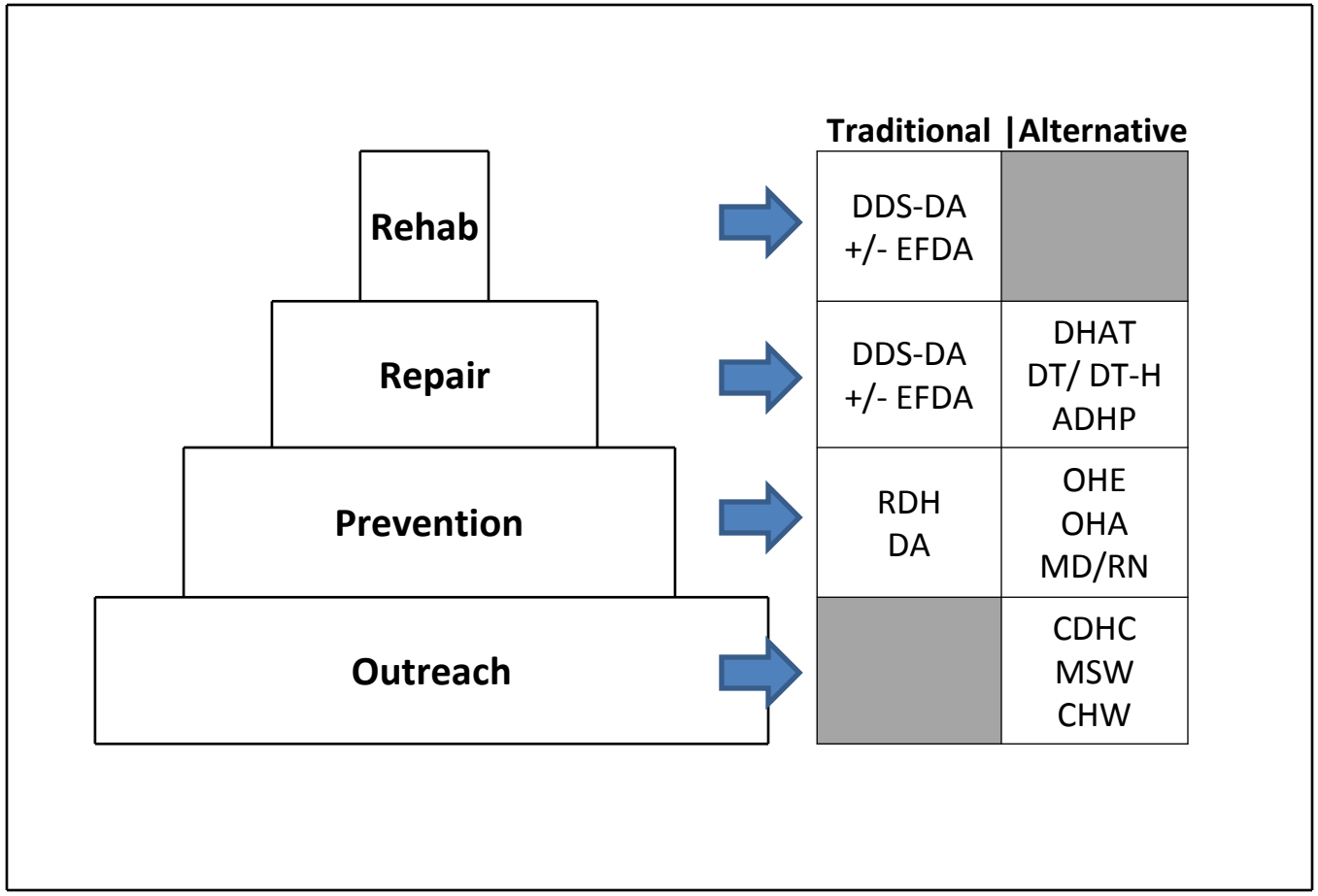
Toward an organized system of care through an integrated workforce



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