Learning Objectives

- Define Dental Hygiene Collaborative Practice in New York State
- Review the evolution of Collaborative Practice legislation in New York State
- Role of New York State Board for Dentistry in legislative process
- Issues in New York State regarding Collaborative Practice
My Profile

- Professor Emeritus Hudson Valley Community College
- Member Commission on Dental Competency Assessments
- New York State Board for Dentistry member
- Chair New York State Board Committee on Collaborative Practice

Role of New York State Board for Dentistry

State Boards

Advisory...not Regulatory

Advise NYS Board of Regents
Office of the Professions

Vision
A regulatory system that promotes the highest quality of professional services for public protection

Mission
To Protect the public by fostering high standards of professional licensure, practice and discipline

Dr. Alfred Fones
Father of Dental Hygiene
Promoted Preventive Dentistry

Irene. M. Newman
First Licensed Dental Hygienist
July 1, 1917

Courtesy of the Fones School of Dental Hygiene, University of Bridgeport, Bridgeport, CT
Early Days of Dental Hygiene

- Public Health Hygienists
  - Community
  - Schools
  - Industry

Recent Trends in Dental Hygiene

Courtesy of the Fones School of Dental Hygiene, University of Bridgeport, Bridgeport, CT
Alternate Practice Models

Direct Access

The American Dental Hygienists’ Association defines direct access as the:

- Ability of a dental hygienist to initiate treatment based on their assessment of a patient’s needs without the specific authorization of a dentist

- Treat the patient without the presence of a dentist

- Maintain a provider-patient relationship

ADHA June 2017

Examples
What is a Collaborative Practice?

- Dental hygienist and Dentist establish a protocol *(written agreement)*

- Hygienist can practice in a location remote from the collaborating dentist or a setting that is not the usual location of the dentist’s practice

- No supervision

The collaborating dentist has agreed to monitor treatment of patients and consult as needed. This may include periodically reviewing patient charts.

The "collaborative agreement" is a formal, written document that outlines the professional practice relationship between a licensed dentist and hygienist.
Benefits of Collaborative Practice

- Serve as entry point into the dental health delivery system
- Work in separate or satellite sites
- Volume and efficiency would increase
- Early intervention and delivery of preventive services
- Reductions in costs
- No close proximity requirement for Collaborating dentist
- Greater flexibility to treat patients within the Collaborative Practice agreement
- Facilitates completion of School Dental Health Certificate
- Expand program in summer, outside of School-based Dental Program
Access to Care Issues in New York State

Uneven Distribution of Practitioners

Dental Disease Burden

Lack of Medicaid Providers

Dental Workforce

Licensed in New York State

18K Dentists

11K Hygienists

Office of the Professions
NYSED
January 2017
Workforce/100,000 population

- RDH 46/NYS 50/National
- DDS 65/NYS 52/National

Uneven distribution of Dentists in New York State

- Significant regional variation
  - Most in Long Island
  - Least in North Country, Mohawk Valley, Southern tier
- Access difficult for underserved populations
Dental Disease Prevalence in New York State

- Caries most common preventable disease
- 44.1% third graders have caries (22.1% untreated)
- 14.7% over age 65 edentulous
- Disparities higher in low income groups and minorities
- Low income children have 60% more decay

New York State Medicaid

- 5 million enrolled
- Enrolled children in rural areas grew from 34% to 42% since 2009
- Most eligible children never receive treatment
- Less 50% dentists accept Medicaid patients
Charge of New York State Board for Dentistry Collaborative practice Committee

- Review Bills introduced in New York State
  - Make recommendations

- Explore merits of Collaborative Practice

- Look at Pros and Cons of Collaborative Practice

- Investigate legislation from other states

Legislation Enacted

- A Bill was proposed by New York State Dental Association

- Passed both Houses June 2013

- Signed into law August 1, 2013
Dental Hygiene practice may be performed under…

- Supervision of a licensed dentist
  or
- Collaborative Practice Arrangement
What’s in the Law?

- Allows Dental Hygienists to provide dental services in Article 28 facilities overseen by NYS Department of Health

- Pursuant to a collaborative agreement with a licensed and registered dentist who has a formal agreement with facility

Article 28 Facilities

- Hospital based Dental Clinics
- Local Health Department Dental Clinics
- Nursing Homes
- Community Health Centers
- Hospital outreach
- School-based Dental Health Centers
Requires Hygienists to become certified in **CPR** and maintain certification as part of the mandatory continuing education hours

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**Required Provisions within Collaborative Agreement**

- **Referral and consultation**

- **Coverage** for emergency absences of either dental hygienist or collaborating dentist

- **Resolution of disagreements** between dental hygienist and collaborating dentist. If no resolution, collaborating dentist’s treatment prevails
Periodic review of patient records by collaborating dentist

Such other provisions as may be determined by the hygienist and collaborating dentist

Collaborative Practice Agreement must be kept on file in facility

Allowable Dental Hygiene procedures for Collaborative Practice Hygienists

Dental Hygiene Scope of Practice

Currently provided under General Supervision
Developing Regulations

- Meetings with Collaborative Practice Committee and Board members
- Meeting with New York State Dental Health Stakeholders
- Input from DHASNY, NYSDA

Work Group Developed

Goal: Develop language for Regulations

Representatives...

- NYS Education Department
  - Executive Secretary
  - Board Member/Committee Chair
  - Lawyer
- New York State Department of Health
  - Director: Bureau of Dental Health
  - Dental Public Health Residents
Updates in Regulations

- Taking and assessing medical history including the measuring and recording of vital signs as an aid to diagnosis by the dentist and to assist the dental hygienist in providing dental hygiene services.
- Charting caries and periodontal conditions as an aid to diagnosis by the dentist. Performing dental and/or periodontal assessments as an aid to diagnosis by the dentist and to assist the dental hygienist in providing dental hygiene services.
- Assessments of the oral and maxillofacial area as an aid to diagnosis by the dentist.
Providing dental health care case management and care coordination services, which shall include, but not be limited to:

- Community outreach
- Improving oral outcomes
- Improving access to dental care by assisting people in establishing an ongoing relationship with a dentist, to promote the comprehensive, continuous and coordinated delivery of all aspects of oral health care

Other Areas not in Regulations

- Best Practices document
- Template Collaborative Practice Agreement
- Brochure
Medicaid

- Changes in NYS Medicaid rules to “unbundle” services
  - Effective September 1, 2016

- Hygienists can perform assessment without dental exam by DDS

- New code developed to bill for Oral Assessments

Lack of Outcomes Assessment

- How many practicing within Collaborative Practice?
- How many, ages and what types of patients seen?
- What types of services are rendered?
- Is it reducing dental disease burden?
- Is it addressing major dental access issues in NYS?
References

- New York State Education Department: Office of the Professions
  - Dr. Dolores Cottrell DDS, Executive Secretary, NYS Board for Dentistry
  - Education Law, amended January 1, 2015
    http://www.op.nysed.gov/prof/dent/article133.htm
  - Regulations of the Commissioner: Practice of Dental Hygiene
    http://www.op.nysed.gov/prof/dent/part61.htm
  - NYSED Office of the Professions Statistics 2017
    http://www.op.nysed.gov/prof/dent/dentcounts.htm

- Oral Health Plan for New York State
  - December 2014

- CHWS (Center for Health Workforce Studies)
  - School of Public Health, University at Albany
    Oral Health Workforce in New York
  - August 2014, November 2015

- ASTDD (Association of State and Territorial Dental Directors)
  - NYSDOH's Oversight/Management Role for School-Based Health Care Dental Programs: Practice #35008
    - February 2010; updated June 2012
    http://www.astdd.org/bestpractices/DES35008NYschoolhealthcenterdental.pdf

- NGA (National Governors Association)
  - Center for Best Practices
    - January 6, 2014

- Schuyler Center for Analysis and Advocacy
  - Retrieved from: http://www.scaany.org /June 2017

- ADA Health Care Policy Institute
  - June 2017

- ADHA: Retrieved from http://www.adha.org/direct-access: June 2017
What Should Be Included in a Collaborative Agreement?

- Provisions for referral and consultation
- Coverage for emergency absences if either the dental hygienist or collaborating dentist is away
- Resolution of disagreements between the dental hygienist and collaborating dentist regarding matters of treatment.
- Periodic review of patient records by the collaborating dentist.
- Such other provisions as may be determined by the dental hygienist and collaborating dentist to be appropriate.
- Protocols identifying the services to be performed by the dental hygienist in collaboration with the dentist and reflecting accepted standards of dental hygiene practice.
- Protocols may include treatment and appropriate recordkeeping by the dental hygienist.
- Protocols must include provisions for case management and care coordination.
- Appropriate recordkeeping by the dental hygienist.
- Additional provisions agreed upon by hygienist and dentist that are appropriate.
- Protocols may be updated periodically.

The State Education Department and the State Board for Dentistry have produced this pamphlet to provide useful information on collaborative arrangements with hospitals as defined in Article 28 of the Public Health Law 2801. While this information is not a substitute for an understanding of the law, rules and regulations governing the practice of dentistry in New York State, it is a useful supplement to inform Dental Professionals on what they should know about New York State (NYS) Collaborative Arrangement.

For more information, contact:
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State Board for Dentistry
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Albany, New York 12234-1000
518-473-3817, ext. 550 (voice)
518-473-0567 (fax)
dentbd@nysed.gov

Further information on Oral Health Programs can be found at:
**What is Collaborative Dental Hygiene Practice?**

Effective January 1, 2015, New York State Registered Dental Hygienists working for a “hospital,” as defined in Article 28 of the Public Health Law, are allowed to work under a collaborative arrangement with a New York State licensed and registered dentist who is employed by the same institution.

**What is an Article 28 “Hospital?”**

Under Article 28 of the Public Health Law 2801, these facilities include but are not limited to:

- Hospitals
- Public health diagnostic and treatment centers
- Dental clinics
- Dental dispensaries
- Nursing homes
- Out-patient departments
- Rehabilitation centers (not solely for vocational rehab)

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**Advantages of a Collaborative Practice Arrangement**

- This Collaborative Practice arrangement can be an important entry point for unmet dental care.
- The ultimate goal of collaborative relationships is to improve access to important dental hygiene services by allowing registered dental hygienists to provide services, without supervision, but under a collaborative agreement.
- The hygienist is only permitted to provide those services listed under general supervision in Section 61.9(b) of the Regulations of the Commissioner of Education, without the physical presence of the collaborating dentist.
- Under Collaborative Practice, services can be provided when the dentist is not on site, including evening hours, weekends, and when the dentist is away.
- Any dental hygiene procedures categorized under personal supervision such as the administration of local anesthesia and nitrous oxide do not fall under the Collaborative Practice agreement and require the physical presence of a dentist.

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**Requirements for a Registered Dental Hygienist Providing Services Under a Collaborative Arrangement**

- The dentist in a Collaborative Arrangement, must be licensed and registered in NY State and have a formal relationship with the same “hospital” as the hygienist.
- The dental hygienist shall provide collaborative services only pursuant to a written agreement that is maintained in the practice setting of the dental hygienist and collaborating dentist.
- The hygienist within a Collaborative Practice arrangement is only permitted to provide those services listed under general supervision in Section 61.9(b) of the Regulations of the Commissioner of Education, without the physical presence of the collaborating dentist.
- Under Collaborative Practice, services can be provided when the dentist is not on site, including evening hours, weekends, and when the dentist is away.
- Any dental hygiene procedures categorized under personal supervision such as the administration of local anesthesia and nitrous oxide do not fall under the Collaborative Practice agreement and require the physical presence of a dentist.
- The hygienist must document referrals or instructions provided to patients to visit a registered dentist for follow-up comprehensive examination and/or treatment.