

Collaborative Dental Hygiene Practice: What is it; what role do dental hygienists and dentists play in the process?

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Dental hygiene graduates typically begin their careers in private practice or well-established community clinic settings.



Collaborative dental hygiene practice is another effective and fulfilling option.



Mary Lou Olsen performing “assessment and triage”

Collaborative Dental Hygiene Practice: practical definition

- [Dental hygienist-dentist] collaborative practice is a dynamic process, a commitment to interact on a professional level, that empowers the participants to blend their talent to achieve a goal that neither can do alone.
- Community-based dental hygiene services extend the reach of dentistry.
- Utilizes a “collaborative agreement”, a formal written document that outlines the professional practice ***relationship between a licensed dental hygienist and a dentist.***

Collaborative Dental Hygiene Practice: academic definition

“The science of the prevention and treatment of oral disease through the provision of education, assessment, preventive, clinical, and other therapeutic services in a ***cooperative working relationship with a consulting dentist,*** but without general supervision.

Christine Nathe, RDH MS, University of New Mexico

Minnesota Statutes 150A.10, subd.1a

Limited authorization for dental hygienists

Referred to as the “collaborative agreement”

- Defines the experience, role, and responsibility requirements of DH
- Defines the role and responsibility requirements of the DDS
- Lists allowable services and locations at which these services can be provided by a dental hygienist
- All services that are included within the Minnesota dental hygiene scope of practice are allowable, unless designated in the collaborative agreement.
- Note: full text of Minnesota Statute 150A.10, subd.1a is available at www.normandale.edu/dental/

Limited Authorization...

A dental hygienist licensed under this chapter:

- May be employed or retained by a health care facility, program, or non-profit organization
- Must have been engaged in the active practice of clinical dental hygiene for not less than 2400 hours in the past 18 months or a career total of 3000 hours, including a minimum of 200 hours of clinical practice in two of the past three years

Collaborative agreement...

- The services authorized under this subdivision and the collaborative agreement may be performed ***without the presence of a licensed dentist*** and may be performed ***at a location other than the usual place of practice*** of the dentist or dental hygienist and ***without a dentist's diagnosis and treatment plan***, unless specified in the collaborative agreement.

Minnesota Collaborative Practice (timeline)

- 1999- First legislatively mandated Dental Access Advisory Committee (DAAC) convened.
- 2001- MN Statute 150A.10, subd. 1a “Limited Authorization for Dental Hygienists” created.
- 2003- Statute significantly strengthened, listing “schools” as a clinical site and adding “placement of sealants” in public settings.
- 2006- Statute significantly strengthened, authorizing local anesthetic and nitrous oxide administration in collaborative practice settings.

Community Collaborative Practice

Minnesota Statute 150A.10, subd. 1a

Community Site

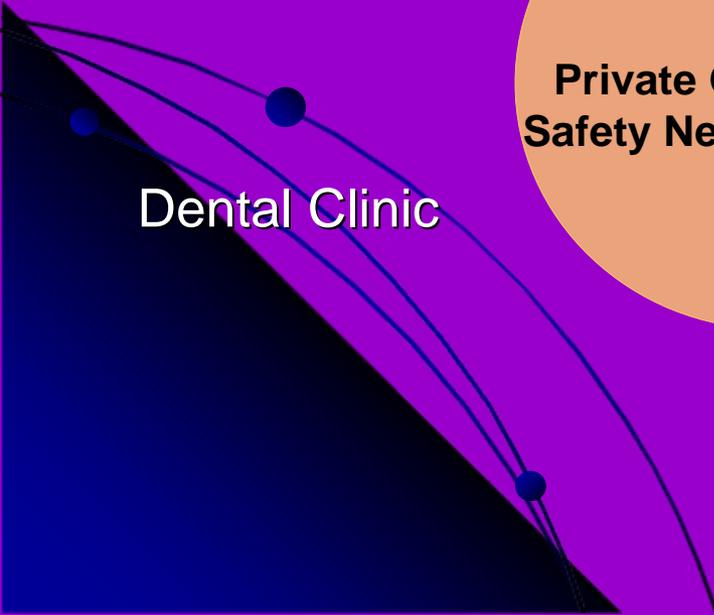
Head Start Center
School
Healthcare Facility
Other

Private Office
Safety Net Clinic

Hygienist,
Dental Team,
Inter-
disciplinary
Partners

On-Site Team

Dental Clinic



Definition of “health care facility, program, or non-profit organization”

- Hospital, nursing home, home health agency
- Group home serving the elderly, disabled, or juveniles
- State-operated facility licensed by the commissioner of human services or commissioner of corrections
- Federal, state, or local public health facility
- Community clinic
- Tribal clinic
- School authority
- Head Start program
- A “non-profit” organization that serves individuals who are uninsured or who are Minnesota health care public program recipients

How did Minnesota begin?

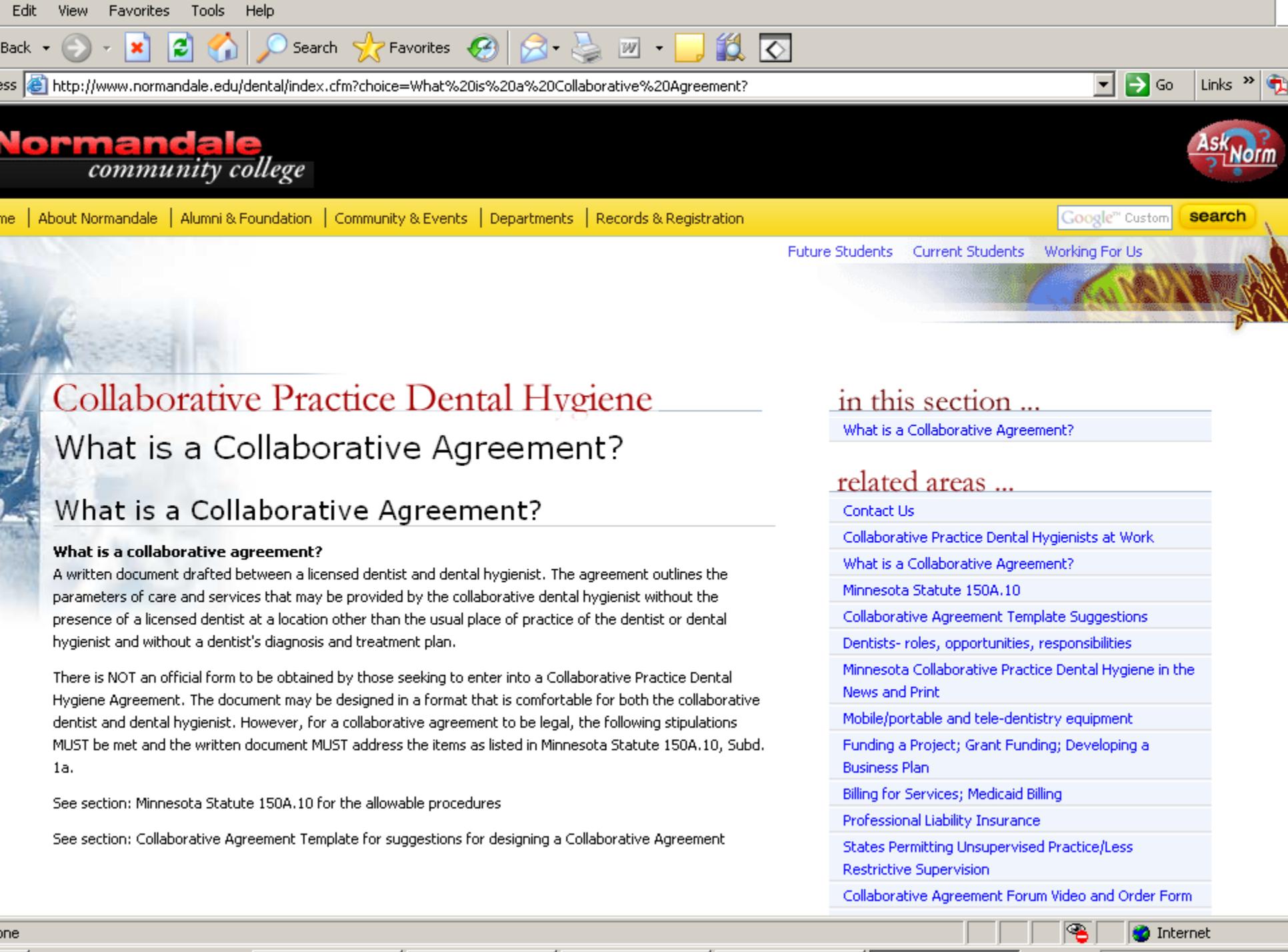
The law authorizing collaborative practice for dental hygienists in Minnesota was passed initially in 2001 and updated in 2003 to provide a clearer definition of allowable practice settings and to allow dental hygienists to place sealants without an initial exam by a dentist. It became evident early on that a process for how Minnesota should proceed was necessary.

Setting the Stage...

Normandale Community College Dental Hygiene Program, the second oldest program in Minnesota, took the lead in promoting collaborative practice. Colleen Brickle, RDH, MS, EdD, former NCC Department Chair, designed a symposium presented in February 2004 and broadcast state-wide to dental hygiene programs to inform interested dental hygienists of the process. Demetra Logothetis, RDH MS, Department Chair- University of New Mexico Dental Hygiene Program- was the key note speaker. She described in detail New Mexico's successful collaborative practice efforts.

www.normandale.edu/dental/

- In addition, Normandale Community College applied for and received a \$10,000 grant from the Minnesota Community Foundation to develop an online clearinghouse of information and resources to educate dental hygienists, dentists and consumers about *Collaborative Practice Dental Hygiene* in Minnesota. The project was completed and the website is hosted by Clare Larkin, RDH, MEd, MnDHA Past President.



Collaborative Practice Dental Hygiene

What is a Collaborative Agreement?

What is a Collaborative Agreement?

What is a collaborative agreement?

A written document drafted between a licensed dentist and dental hygienist. The agreement outlines the parameters of care and services that may be provided by the collaborative dental hygienist without the presence of a licensed dentist at a location other than the usual place of practice of the dentist or dental hygienist and without a dentist's diagnosis and treatment plan.

There is NOT an official form to be obtained by those seeking to enter into a Collaborative Practice Dental Hygiene Agreement. The document may be designed in a format that is comfortable for both the collaborative dentist and dental hygienist. However, for a collaborative agreement to be legal, the following stipulations MUST be met and the written document MUST address the items as listed in Minnesota Statute 150A.10, Subd. 1a.

See section: Minnesota Statute 150A.10 for the allowable procedures

See section: Collaborative Agreement Template for suggestions for designing a Collaborative Agreement

in this section ...

[What is a Collaborative Agreement?](#)

related areas ...

- [Contact Us](#)
- [Collaborative Practice Dental Hygienists at Work](#)
- [What is a Collaborative Agreement?](#)
- [Minnesota Statute 150A.10](#)
- [Collaborative Agreement Template Suggestions](#)
- [Dentists- roles, opportunities, responsibilities](#)
- [Minnesota Collaborative Practice Dental Hygiene in the News and Print](#)
- [Mobile/portable and tele-dentistry equipment](#)
- [Funding a Project; Grant Funding; Developing a Business Plan](#)
- [Billing for Services; Medicaid Billing](#)
- [Professional Liability Insurance](#)
- [States Permitting Unsupervised Practice/Less Restrictive Supervision](#)
- [Collaborative Agreement Forum Video and Order Form](#)

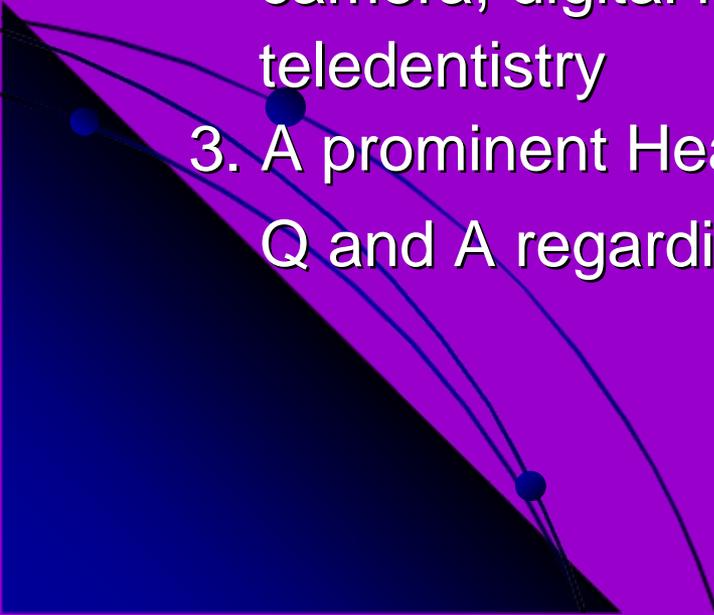
ADHA/MnDHA support...

The Minnesota Dental Hygienists' Association (MnDHA) received a \$2000 vision grant from the American Dental Hygienists' Association (ADHA) in 2004, and utilized these grant monies for marketing of the website and announcement of a teledentistry symposium held at Normandale Community College on June 17, 2005.



Mobile Dentistry and Teledentistry Symposium...June 2005

Agenda

1. Panel of 3 dental hygienists who had designed collaborative programs presented their experience.
 2. Demonstrations of mobile equipment included: portable dental units, Diagnodent, intraoral camera, digital radiography and its use in teledentistry
 3. A prominent Health Plan administrator attended for Q and A regarding Medicaid billing
- 

First Step in Design of a “Collaborative Practice”: Planning

Utilizes a public health programming model:

- Define the “Target Population”
 - Formulate the “Problem Statement”
 - Perform a “Needs Assessment”
 - Create a “Logic Model”
- 

Planning...

- Refer to the NCC collaborative practice website
- Utilize the *Dental Safety Net Clinic Manual*
<http://www.dentalclinicmanual.com/bottomFrame.html>
- Design plans in collaboration with the intended agency/facility/population
- Secure your ***collaboration with a dentist, discussing an effective referral and/or follow through mechanism, i.e. a “dental home”***
- Interview dental hygienists and dentists currently involved with collaborative practice
- Formulate a business plan
- Seek funding
- Identify equipment, i.e. portable ? stationary?

Implementing the Program...

Various methods of service delivery

- Portable dental equipment (e.g. Aseptico, Dentlworks)
 - Mobile vans, trucks
 - Stationary equipment in schools
 - Stationary equipment in long term care or other facilities
- 

- [Endodontic Systems](#)
- [Implant Systems](#)
- [Portable Systems](#)
- [Military Field Systems](#)
- [Mobile Cart Systems](#)
- [Economy Air Systems](#)
- [Electronic Lab Systems](#)
- [Technique Traction](#)
- [Handpieces](#)
- [Rubber Dam](#)
- [Rubber Dam Clamps](#)
- [Visual Aids](#)
- [Vacuum Components](#)
- [Dental Sundries](#)

Transport II
Deluxe Portable Electric Dental System
 Model AEU-425
 Model AEU-425FO

Aseptico's Transport II is a fully self-contained electric dental system. Quick and easy to set up and operate. Ready for travel. Available with optional piezo ultrasonic scaler and fiber optic handpiece configurations

Features include:

- 3-Way Air/Water Syringe
- Autoclavable 30k Motor
- Accepts All E-Type Handpieces
- High and Low Volume Evacuation
- Self Contained Water Supply
- Self Contained Air Compressor
- On/Off Foot Switch
- Easily Transported With Pull-Out Handle and Wheels
- Weights 54 to 60 lbs depending on configuration
- 110V or 220V Compatible!
- Optional ASC-10 Piezo Ultrasonic Scaler
- Optional Motor with light for fiber optic handpieces





Sealant Express

ADU-08SX/ADU-08SXE
Portable Dental & Sealant Units
Two models to choose from.



AseptiChair

Model ADC-01



AseptiChair, ADC-01

Operators Stool

Model ADC-08



Portable Tray Stand

Tripod stand with standard 13" x 9.75" stainless instrument tray.
Model ATC-03CF



Portable Lighting

Portable Dental Lighting
Models ALU-27/ALU-29



Fold-A-Way-Cart

Model ATC-09

Portble X-Ray

Model ARU-01

NOMAD Hand-Held X-Ray System

Models ARU-06CE

Implementation:

Effective example of Dental Hygienists *working in collaboration* with Dentists

- Assessment, triage, and referral of Head Start children by calibrated, collaborative practice dental hygienists.



The stars aligned in 2006 for Minnesota's Head Start oral health vision



**Collaborative
Practice**

**Unwavering
Commitment**

**Community
Support**

Legislation

DAAC

**Head Start
Performance
Standards**

**Protocol &
Infrastructure**

“Calibration” of collaborative practice hygienists: a best practices key factor



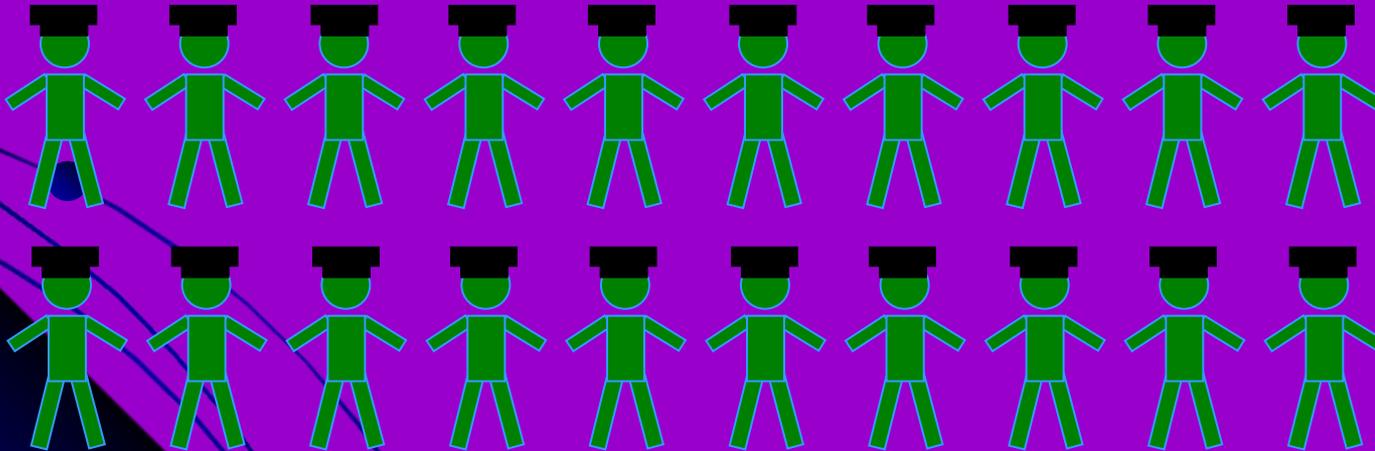
**Cathy Jo Gunvalson participating in a “calibration”
Elizabeth Branca, back left; Brigette Cooper, back right**

1. Oral Health Education

Head Start Center

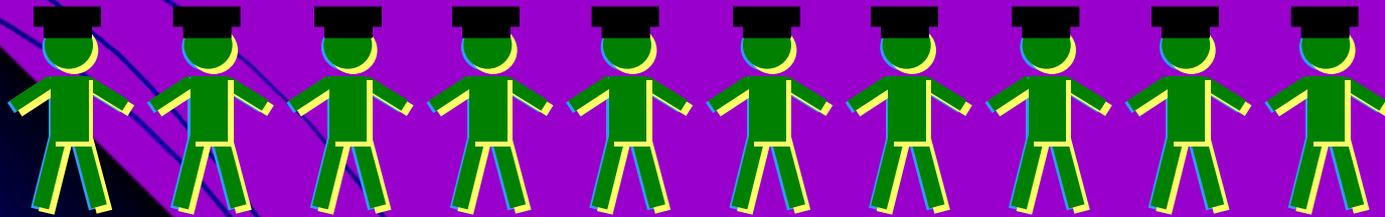
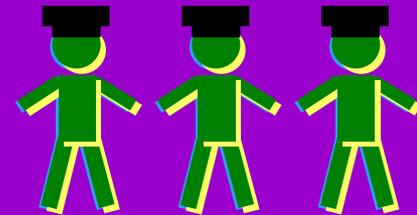
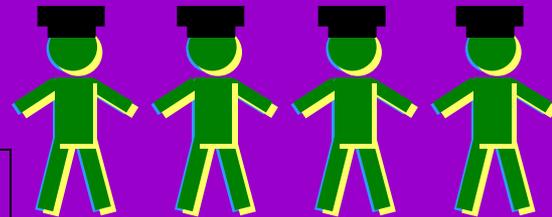
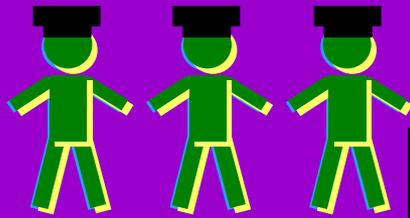


Collaborative Hygienist educates 20 children



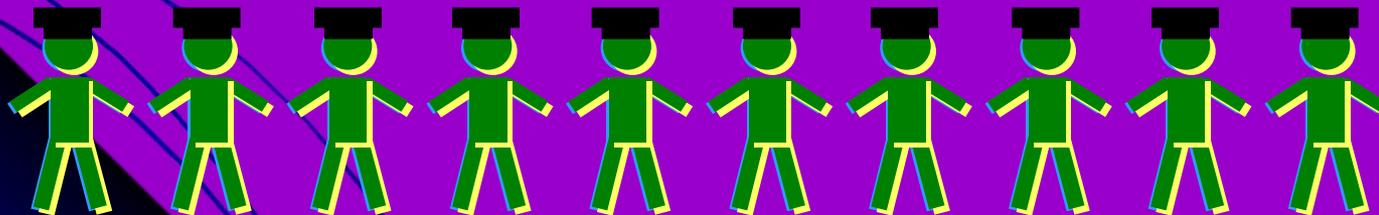
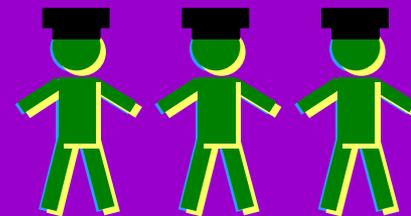
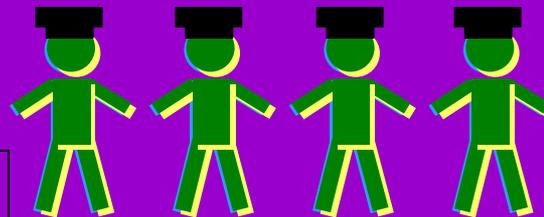
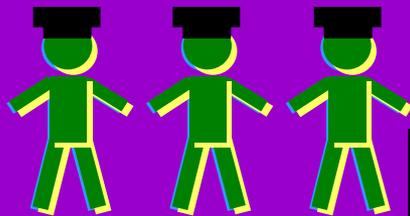
2. Preventive Care

Head Start Center



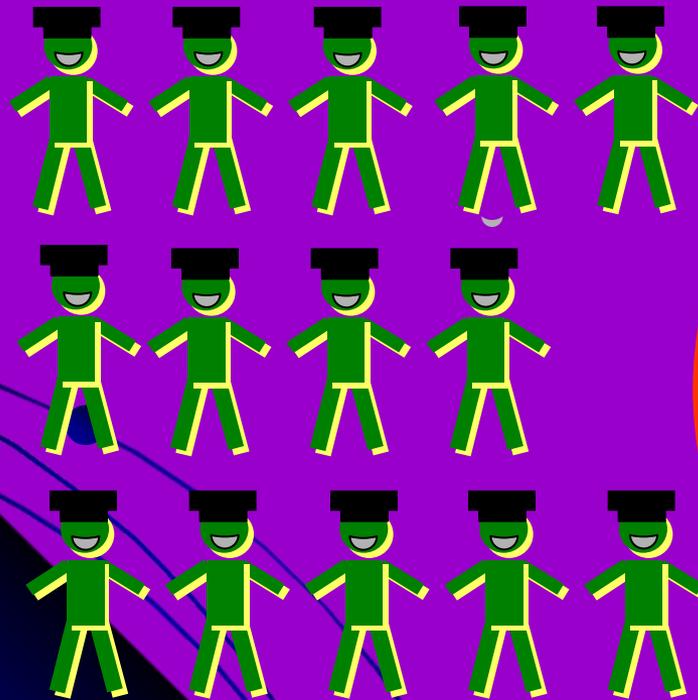
3. Basic Screening Survey (BSS)

Head Start Center

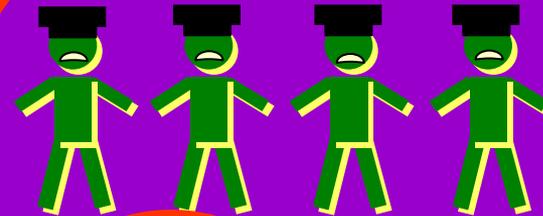


4. Triaging Follow-up Referrals

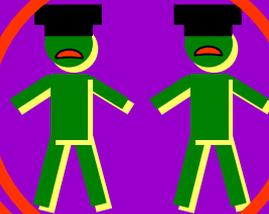
Head Start Center



30% have Caries



<10% have Urgent needs



Dentist's exam: Traditional and Teledentistry



Details...options for financing a collaborative practice

Q: How is a dental hygienist paid; how is a program financed?

A: Various options, to include...

- As an employee of a dentist, submit claims through the dental office
- Medicaid direct billing utilizing the DH's NPI number
- Health plan billing utilizing the DH's NPI number
- Fee-for-service; Sliding fee scale
- Grant funding
- Philanthropic donations; funding from Foundations



Medicaid providers...

- In 2003, the Minnesota Department of Human Services, administrators of Medicaid and MinnesotaCare programs, upon realizing that strong collaborative practice language was in place in the state, initiated the process to allow dental hygienists working in collaborative practice arrangements to be issued a Medicaid provider number for billing purposes. Beginning in 2008, all providers who bill for services must have a National Provider Identification Number (NPI).

BSS coding and reimbursement

From MHCP Provider Update MHP-0705:

Billing

FVA and BSS are not limited to an office setting, and may be provided in all MHCP allowed places of service.

Dentists or collaborative practice dental hygienists may independently bill for FVA and BSS services they perform at Head Start or WIC locations when Head Start and WIC do not bill.

Fluoride Varnish Application (FVA)

- Bill electronically using [MN-ITS](#) 837D or 837P, or on paper using the 2006 ADA claim form or CMS-1500 claim form.
- Bill using CDT code D1206
- Use your MHCP or NPI number as the billing provider

Basic Screening Survey (BSS)

- Bill electronically using [MN-ITS](#) 837D or 2006 ADA paper claim form.
 - Use CDT code D0999 and specify BSS in the notes section of the 837D or in the service description on the 2006 ADA paper claim form Head Start agencies only
1. Use your MHCP or NPI number as the billing provider
- OR
2. Use your MHCP or NPI number as the billing provider and the dentist's or collaborative practice dental hygienist's MHCP or NPI number as the rendering provider

Evaluation: The work yet to be done throughout our state....

Needed support & infrastructure:

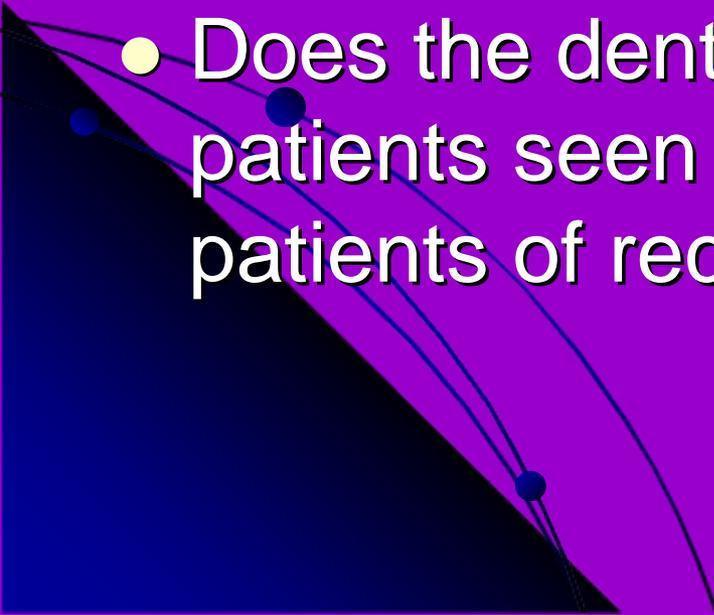
- Communication and networking
- Calibration resources and tracking
- Collaborative practice registry
- Oral health surveillance data
- Inter-operable oral health information
- Statewide coordination of local initiatives/projects
- Evaluation

Collaborative Practice: Is It Making a Difference?

Information gathered so far indicates that it is. State-wide data collection protocol and process is currently under discussion.



“Grey areas” of MN Statute

- To whom can the services be provided?
 - Where can the services be provided?
 - Who is “liable” for acts of commission or omission by the dental hygienist?
 - Does the dentist “have to” incorporate the patients seen by the dental hygienist as patients of record?
- 

Collaborative Practice in Other States

Settings where dental hygienists can work other than the private practice dental office

- http://www.adha.org/governmental_affairs/downloads/alternative_settings.pdf

“Direct Access” States

- http://www.adha.org/governmental_affairs/downloads/direct_access.pdf

Contact information

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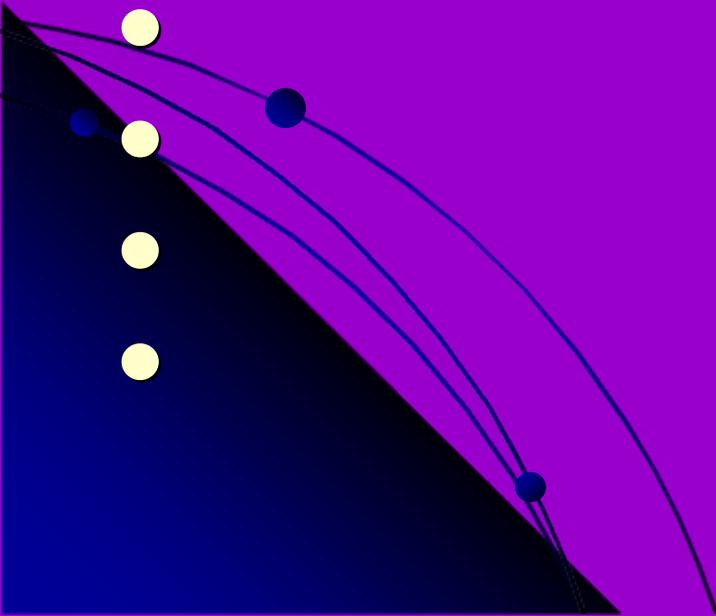
A 2511

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Comments/Questions...



References...

- For details involving Minnesota Collaborative Practice, including the full text of Minnesota Statute 150A.10, subd.1a, refer to www.normandale.edu/dental/
- Dental office photo credit: <http://images.google.com/imgres?imgurl=http://www.drwlam.ca/image/drlam.jpg&imgrefurl=http://www.drwlam.ca/&h=338&w=450&sz=17&hl=en&start=34&tbnid=OcHlc0RYze5UBM:&tbnh=95&tbnw=127&prev=/images%3Fq%3Ddental%2Boffice%26start%3D20%26gbv%3D2%26ndsp%3D20%26svnum%3D10%26hl%3Den%26sa%3DN>
- Dental office photo credit: <http://www.eaganvalleydental.com/images/kidsmile.jpg>