



# Innovative Dental Hygiene Practice: Community-Based Oral Health Care Services in Minnesota



June 2024

Minnesota's northern lights



# Nicole

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**APPLE TREE DENTAL**

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# Dental Hygiene Career Highlights



- Education: B.S. Dental Hygiene; M.S. Community Health
- Private Practice & Public Health Dental Hygiene
- Administration – University of MN School of Dentistry, Delta Dental of MN
- Community Practice, Operations, Project Management – Apple Tree Dental

# Agenda



- Collaborative Dental Hygiene Practice in MN
- How dental services can be delivered outside of the “brick and mortar” dental office, creating access to care
  - Long-Term Care
  - Head Start
  - Teledentistry
- Next steps

# Community Collaborative Practice

- Proactive oral health delivery to people most in need
- Engaged with health, education, and social services professionals
- Interprofessional practice
- Integrates dental care into health homes



Collaborating to deliver oral health services where people live, go to school, or receive other health and social services

# Expanding Dental Hygiene Practice in Minnesota



- Collaborative Dental Hygiene Practice in Community Settings
- First State in the nation with Dual Licensed Dental Hygienist / Dental Therapist

# Collaborative Dental Hygiene Practice

Collaborative dental hygiene practice (CDHP) in community settings (Minnesota Statutes 150A.10, Subd. 1a) authorizes Minnesota licensed dental hygienists to practice within a community-focused model resulting in more people with access to preventive services and in finding a dental home.

Dental hygienists can effectively provide "coordinated care" to under-resourced populations in non-traditional health care settings.

- The CDHP workforce model was authorized by the Minnesota Legislature in 2001.
- Services may be performed by the dental hygienist **without the presence of a dentist and without a prior exam of the patient by a dentist.**

<https://www.minnesotaoralhealthcoalition.org/collaborative-dental-hygiene-practice-tool-kit/>

# Collaborative Dental Hygiene Practice

## Key Points Concerning Collaborative Dental Hygiene Practice/Collaborative Agreements

- Collaborative Dental Hygiene Practice (CDHP) was introduced for community-based, not traditional, dental/dental hygiene practice.
- It is not appropriate, nor necessary, to develop or register a written collaborative agreement in a traditional dental practice setting for staff to expose radiographs or to “see a new patient first”. In doing so, data become skewed regarding community impact of this innovative workforce model.
- Minnesota does not require additional education or a designated credential, e.g., CPDH, to be employed or engaged in Collaborative Dental Hygiene Practice (CDHP).
- Although the presence of a dentist or a prior exam of the patient by a dentist is not required, Minnesota Statutes 150A.10, Subd. 1a **does not authorize independent dental hygiene practice.**



# How are Dental Services Delivered in Long-Term Care Settings?







**Pilot Project: Long-Term Care (HRSA Grant)**

# Long-Term Care Project

- The overall goal is to improve oral health for older adults residing in senior housing, assisted living, and nursing home facilities.
- How will the goal be achieved?
  - Develop and share best practices in oral care for dementia and older adult caregivers
  - Connect older adults with dental homes
  - Facility staff training
  - Resident education



# Partners

## Lakeview Methodist

- Location: Fairmont, MN
- Offers skilled nursing care, assisted living, and independent living options
- Apple Tree delivers comprehensive dental care onsite using mobile equipment
- In Fairmont, Apple Tree has a clinic located inside of the Mayo medical clinic building



# Partners

## Oak Hill Assisted Living

- Location: Grand Rapids, MN
- Currently, no dental care is delivered onsite
- Apple Tree does not have a clinic located in the Grand Rapids area
- It can be difficult to find a dentist that accepts Medicaid in the area unless the member is enrolled with the county-based purchaser, Itasca Medical Care (IMCare)



# Activities

- **Periodic surveys** (readiness, needs assessments, post-training evaluation, etc.)
- **Identifying needs**
  - Staff and resident oral health education needs
  - Residents' dental care needs
  - Community resources/contacts necessary to build a referral system that will meet the dental care needs of residents
- **Staff trainings/education**
  - Oral health instruction
  - Nutritional counseling
  - Denture care
  - Oral health's impact on overall health





How and Why are  
Dental Services Delivered at  
Head Start Centers?

## Head Start Dental Model

### Provide earliest possible prevention, education, and assessment to minimize dental disease

Preventive care

Provided on-site to all Head Start children by a Collaborative Practice Dental Hygienist

### Standardize triage and referral

No obvious dental need →

Recommendation to see a dentist at a risk appropriate interval

Early dental need →

Referral to dentist for comprehensive examination and treatment

Urgent dental need →

Highest priority referral to dentist for comprehensive examination and treatment

### Create and strengthen linkages to insure timely restorative dental treatment

Partners work together to find sources of care

May include private dentists, community clinics, mobile dental programs, and dental educational training programs

# Head Start Workflow

The dental hygienist provides the following for all children (and their families):

- Oral health education, oral hygiene instruction, and nutritional counseling
- Preventive care (screening, toothbrush prophylaxis, fluoride varnish)
- An asynchronous teledentistry exam is performed (intraoral images and documentation are sent to a dentist for review)

# Head Start Workflow

For children in need of restorative care, families are followed up with to schedule the treatment at Apple Tree (or referred to a specialist if needed)

- Approximately 30% of children have active decay; less than 10% have urgent needs
- Children identified with concerns typically need 1-2 restorative visits with a general dentist
- Only a few are referred to a pediatric dentist (specialist)







Head Start Program  
Mankato, MN

Apple Tree Community Clinic  
Madelia, MN







# MINNESOTA STATE ORAL HEALTH PLAN 2020-2030

*Building Collaboration  
for Collective Action*



## I. Policy actions for Focus Area 2: Access to Oral Health

### 1. Remove barriers.

- Eliminate administrative policy barriers on the workforce, including dental therapists and dental hygienists in collaborative practice.
- Support DHS to simplify Medicaid administrative processes and procedures for recipients and providers.
- Align state rules, regulations, and laws to support the virtual dental home.
- Support tele-dentistry in long-term care facilities, head start centers, WIC clinics, correctional facilities, etc.
- Ensure transportation, childcare, and/or work release to make dental care appointments.

Eliminate administrative policy barriers on the workforce, including dental therapists and dental hygienists in collaborative practice



## Focus Area 2: Access to Oral Health Care

### 2. Create opportunities.

- Promote inclusion of oral health care in non-traditional settings such as early childhood centers, schools, nursing/assisted living facilities, etc.
  - Develop regional dental service hubs through the creation of dental clinics in medical settings. These hubs would employ licensed dental providers and community health workers that provide care in clinics or community settings.
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- Engage the Collaborative Dental Hygiene Advisory Committee to expand the utilization of collaborative practice in community settings



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