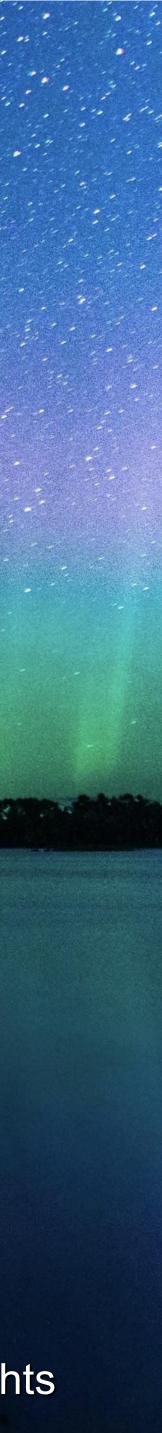
Innovative **Dental Hygiene Practice:** Community-Based Oral Health Care Services in Minnesota



June 2024

Minnesota's northern lights





Nicole

Nicole Ferrian, LDH, MS Clinical Innovations Director



APPLE TREE DENTAL

Access · Compassion · Excellence

Dental Hygiene Career Highlights

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

• Private Practice & Public Health Dental





- 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



Agenda



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

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.

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-

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

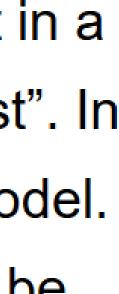




Collaborative Dental Hygiene Practice

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.
- 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. employed or engaged in Collaborative Dental Hygiene Practice (CDHP).
- It is not appropriate, nor necessary, to develop or register a written collaborative agreement in a • Minnesota does not require additional education or a designated credential, e.g., CPDH, to be
- 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)

DEPARTMENT OF HEALTH

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?
 - adult caregivers
 - Connect older adults with dental homes
 - Facility staff training
 - Resident education

Develop and share best practices in oral care for dementia and older







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





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)







- 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?

Provide earliest possible prevention, dental disease	
Preventive care	Provideo a Collabo
Standardize triage and referral	
No obvious dental need \rightarrow	Recomm appropria
Early dental need \rightarrow	Referral and treat
Urgent dental need \rightarrow	Highest examina
Create and strengthen linkages to in	
Partners work together to find sources of care	May inclumobile d

, education, and assessment to minimize

d on-site to all Head Start children by porative Practice Dental Hygienist

- nendation to see a dentist at a risk iate interval
- to dentist for comprehensive examination itment
- priority referral to dentist for comprehensive ation and treatment
- nsure timely restorative dental treatment
- lude private dentists, community clinics, dental programs, and dental educational training programs

Head Start Workflow

(and their families):

- Oral health education, oral hygiene instruction, and nutritional counseling
- varnish)
- An asynchronous teledentistry exam is to a dentist for review)

The dental hygienist provides the following for all children

• Preventive care (screening, toothbrush prophy, fluoride

performed (intraoral images and documentation are sent

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)

- than 10% have urgent needs
- Children identified with concerns typically need 1-2 restorative visits with a general dentist

Approximately 30% of children have active decay; less

• Only a few are referred to a pediatric dentist (specialist)



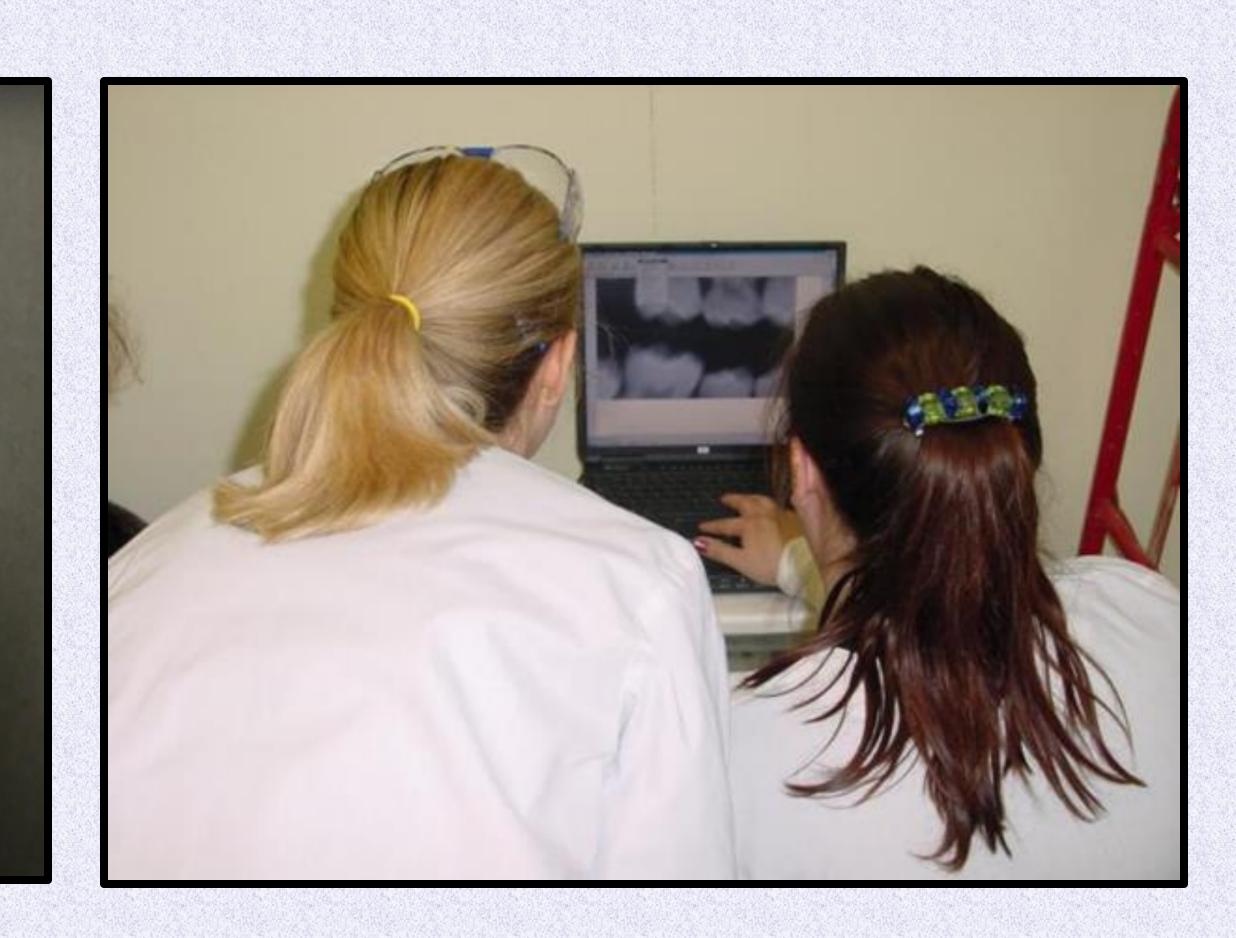












MINNESOTA STATE ORAL HEALTH PLAN 2020-2030

Building Collaboration for Collective Action



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

- 1. Remove barriers.
 - collaborative practice.

 - Align state rules, regulations, and laws to support the virtual dental home.

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

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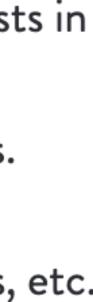
• Support DHS to simplify Medicaid administrative processes and procedures for recipients and providers.

• 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.











Focus Area 2: Access to Oral Health Care

2. Create opportunities.

- nursing/assisted living facilities, etc.
- community settings.

Engage the Collaborative Dental Hygiene Advisory Committee

• Promote inclusion of oral health care in non-traditional settings such as early childhood centers, schools,

• 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

to expand the utilization of collaborative practice in community settings





NICOLE FERRIAN NFERRIAN@APPLETREEDENTAL.ORG

