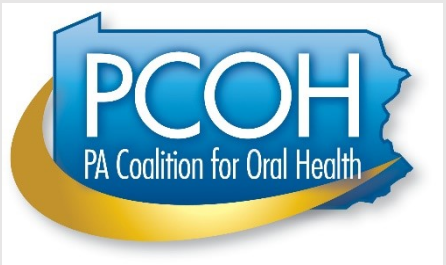
December 2017

WORKFORCE PROTOTYPE REPORT



INTRODUCTION

In November 2016, the PA Coalition for Oral Health (PCOH) held its first Oral Health Workforce Innovation Summit in Harrisburg, PA. This event was the culmination of a year of planning through thought-provoking learning journeys and in-depth interviews across the state.

During the two-day event, participants learned more about the current issues facing the PA workforce and heard from successful programs that have been implemented in other areas of the country. At the conclusion of the meeting, participants were able to identify new, promising prototypes for the Commonwealth and self-select into implementation workgroups.

SUMMARY

The following prototypes were developed through the collaboration of stakeholders in attendance at the Summit in an effort to address disparities in the oral health workforce. Findings of each group are listed, as well as the proposed next steps they will be taking in 2018.

PCOH has followed these groups over the last year and tracked the work accomplished. Though each group has progressed individually, the common thread of collaboration and excitement in identifying solutions across our state has been remarkable. The Summit helped us identify the needs, and the workgroups have now identified possible solutions.

Our coalition will use this information to shape the policy and advocacy direction of our work, as well as connect relevant topics and stakeholders to each other. We look forward to reporting out on the continued accomplishments at our next oral health summit, planned for November 29-30, 2018 in Harrisburg, PA.

For more information, or to become involved in the work of the prototypes, please contact us and we'll be happy to connect you to the work.

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INCREASED DENTAL HYGIENE SERVICES PROGRAMS FOR SCHOOL DISTRICTS IN PENNSYLVANIA

Prototype Lead: Debra Barr, West Shore School District

The Prototype – Increase the number of school districts that offer a dental hygiene services program in PA.

Background – For the more than 500 school districts in PA, the state-mandated dental exams can come in a variety of options. Children in grades K/1, 3, and 7 are able to have their private dentist fill out a form to return to school. For the children who do not complete this form at their private dental office, most districts in the commonwealth have a "Mandated Dental Services" program which means that a dentist is contracted with the school to come in once or twice per year and complete the exams for children who do not receive them elsewhere. Pennsylvania does have another option for this mandate, a "Dental Hygiene Services Program," (DHSP) which is offered by approximately 50 districts in the state. Within this design, a Certified School Dental Hygienist (CSDH) is able to serve as an integrated school employee. The CSDH does the mandated yearly screening and also provides oral health education in the classroom, usually to all of the students in the district. He/she can follow up with school nurses, local dentists, and parents to ensure that needed dental treatment is completed. A few of the CSDHs in the commonwealth also provide preventive clinical treatment, such as cleanings, fluoride application, and sealants. This is a system that has seen a decline in recent years, as traditional certification for the position is no longer available and recent school budget cuts have pushed districts to eliminate CSDH positions by attrition.

Accomplishments –

- Conversations have been started around a variety of models close to this prototype; for example, the use of state Intermediate Units (IUs) as a shared employer for CSDHs is being discussed.
- A presentation on the importance of DHSPs was provided to the Governor's staff in Harrisburg on April 4, 2017.
- Among the districts where CSDHs retired in 2017, approximately half of them were able to retain the position, particularly in areas of demonstrated need like Allentown, Reading, and East Stroudsburg.

Next Steps – Education on the importance of the role of DHSPs in improving children's oral health is needed statewide. Deb Barr will make a presentation to the PA Association of Pupil Services Administrators on April 11, 2018 to inform school administrators of this opportunity. Conversations are also being generated around replicating the successful school sealant program already in place in West Shore School District.

DENTAL DEPUTIES: "TRUST POINTS" WITHIN COMMUNITIES AS COMMUNITY HEALTH WORKERS

Prototype Lead: Winnie Richards, Pennsylvania Office of Child Development and Early Learning
Previous Lead: Lauren Hapeman, Public Health Dental Hygiene Practitioner

The Prototype - Educate Community Health Workers (CHWs) to serve as trusted liaisons between health/social services and community members to educate consumers and assist people with seeking dental care.

Background – Community Health Workers are frontline public health workers who have a close understanding of the community they serve. This relationship enables them to serve as a liaison between health/social services and community members to facilitate access to services. If oral health education was integrated into the curriculum used to train CHWs, more people within underserved communities would benefit from a greater understanding of the importance of regular dental care.

Accomplishments –

- Several meetings were held immediately following the Summit.
- An oral health curriculum was used to introduce oral health to CHWs during regular training.
    - Five classes were held across PA from February 2017 to November 2017 and 61 CHWs were provided with in-person training.
    - A webinar was made available as well, and 45 people have watched it at the time of this report.
    - After each training, a follow-up email was sent to the participants to gauge their outcomes and willingness to serve as a "dental deputy." Many informal and anecdotal outcomes have been gathered, such as individuals trained are planning to use this information both in their daily work as well as within their own families.

Next Steps – More trainings are planned for 2018, including a submission to the Children's Interagency Conference in early May. More follow-up with those individuals already trained is planned to evaluate whether the information is being delivered into the community. This valuable oral health information is also being transitioned into the early learning community where early childhood educators have an opportunity to share oral health knowledge.

INCREASED USE OF EXPANDED FUNCTION DENTAL ASSISTANT; CURRICULUM DEVELOPMENT

Prototype Lead: Dr. Bernie Dishler, Pennsylvania Coalition for Oral Health
Terri Groody, Harcum College

The Prototype – The goal is to educate the dental community on the benefit of utilizing Expanded Function Dental Assistants (EFDAs), and to help transition to the use of them within the practice of dentistry.

Background – While the EFDA law was passed in 1994, prior to 2010, EFDAs were not clearly regulated in PA, and not widely utilized. A certification process was adopted, and the practice of EFDAs was formalized under the PA Dental Law in 2010. The position is best used as a "dentist extender," a clinician who can perform some of the services normally provided by a dentist or hygienist in a practice, such as placing restorations, sealants, and applying fluoride, under the direct (on-site) supervision of a dentist.

Accomplishments –

- The work group developed a survey about the use of EFDAs, which was sent by the PA Community Health Centers (PACHC) to the Dental Directors of the Federally Qualified Health Centers (FQHCs). PACHC reported that survey responses indicated there was some interest in learning more about utilizing EFDAs.
- Dr. Bernie Dishler moderated a session at the 2017 PACHC Conference attended by approximately 50 Dental Directors, dentists, EFDAs, and physicians. During the session, two EFDAs currently working in FQHCs shared their professional journeys. A summary of each follows:

    - Jannett Vargas of SouthEast Lancaster Health Services, was a dental assistant in this FQHC when she decided to go back to school for EFDA training. Her Director initially told her that she was not interested in having her assume EFDA responsibilities. However, with persistence, Ms. Varga slowly was able to work her way into it. Her clinic now employs three EFDAs working with three dentists, and three assistants are in an EFDA training program. Ms. Vargas reported that her clinic was able to increase the number of patients seen by 50% through the use of EFDAs.

    - Jaslyn Banks, EFDA at Family Practice and Counseling Network in Philadelphia, has implemented some non-traditional practices. She has a dental chair in the medical section of her FQHC where, under dental supervision, she is able to take x-rays on patients that medical staff suspect to have an urgent situation. Patients can then be sent

immediately to the dental clinic if necessary. Ms. Banks provides oral health education to patients in the medical clinic and schedules dental appointments for them, either for the same day or a date in the future. Under supervision, she is able to polish and apply fluoride varnish on children. When not directly seeing patients, Ms. Banks uses her time to meet families in the reception area and treatment rooms to educate about oral health. She has increased the number of patients seen in the clinic by at least five per day.

There were many questions, many from professionals who do not currently use EFDAs. We emphasized that EFDAs who are working up to their full scope of practice are happy and tend to stay in their jobs. There is very low turnover.

Next Steps – The biggest barrier is getting the message out, and getting buy-in of the concept. The plan is to continue to look for ways to spread the message, and determine how to best offer assistance. Digging deeper into FQHCs is a logical step for follow-up; it would be helpful to get more survey results from PACHC in order to do direct follow-up with those that indicated interest. To help spread the word, we'll be looking to involve Rural Health Clinics and the Pennsylvania Dental Association. Additionally, if affiliated/sponsoring dental companies support workforce sufficiency, an opportunity could exist for us to present the message through a meeting with their support. It was mentioned that DENTSPLY Sirona might be a good connector for this work.

RURAL HEALTH CLINICS – PUBLIC HEALTH DENTAL HYGIENE PRACTITIONER UTILIZATION AND PAYMENT MODELS

Prototype Lead: Kelly Braun, Pennsylvania Office of Rural Health

The Prototype – Educate Rural Health Clinics (RHCs) on how to effectively utilize a direct access dental hygienist to increase dental services provided within RHCs.

Background - In the fall of 2016, many Federally Qualified Health Centers (FQHCs) were beginning to use PHDHPs in their practices as a hub and spoke model, where the direct access hygienist was able to provide preventive and education services out in the community, with the ability to make a warm handoff directly to a brick-and-mortar dental office. One of the benefits of FQHCs using PHDHPs is that the encounter rate they use for reimbursement is payable to the facility regardless of the provider. RHCs have this same benefit, but many were not using the PHDHP position to its full potential.

Accomplishments – A health system in north central Pennsylvania employs a PHDHP who works in an RHC and coordinates billing through a local, affiliated dental practice. Steps were taken to educate the clinic site and staff on best billing practices, and how to coordinate payments for services offered through sites without a dentist on staff. The health system that provides oversight to the Rural Health Clinic now has 2 PHDHPs working in two RHCs. Patients are referred to either a dentist within the hospital system or to a specialist in the community from the PHDHP. The PHDHP can triage and provide preventive care independently at the RHC.

Next Steps – Identify additional sites to replicate this model, particularly in interested areas that show the greatest need.

MANAGED CARE ORGANIZATIONS USE OF PUBLIC HEALTH DENTAL HYGIENE PRACTITIONERS, EXPANDED FUNCTION DENTAL ASSISTANTS, COMMUNITY HEALTH WORKERS

Prototype Lead: Helen Hawkey, Pennsylvania Coalition for Oral Health

The Prototype – Increase use of Public Health Dental Hygiene Practitioners (PHDHPs) and others in medical offices utilizing MCO plans and resources. This project will model what has already been successful in FQHCs in PA, and increase warm handoffs to a dental home for those who are currently "dental noncompliant."

Background – At the summit, we discussed creating an entirely new type of pilot to utilize the PHDHP in pediatrician's offices (possibly within a FQHC to stay within the confines of the law as it reads now). It was discovered that the PA Department of Human Services (DHS) would be requiring MCOs to utilize at least 1-2 PHDHPs in their programs for 2017. Since many of the MCOs will now be launching their own programs, we mentioned the possibility of our project instead focusing on collecting the data from the successes and challenges of the utilization of the PHDHPs within MCOs. Three main goals were determined:

1) Utilize PHDHPs in the medical office to provide screenings/fluoride varnish/anticipatory guidance/referrals to the dental home (could be tracked through the YD Modifier, a code used by insurance plans to track dental referrals).

2) Investigate affiliation agreements - We need to examine states that are currently using public health hygienists with an affiliation agreement with a dentist for consulting and billing purposes. Our main concern with implementing this model would be the liability a dentist could incur for this situation. There are 6 states already doing this: Ohio, New Mexico, Minnesota, Arkansas, Arizona, and Alaska.

3) Long-range planning of how to get direct reimbursement to PHDHPs through the MCOs.

We determined our measures of success would be:
Goal 1. Increase the use of the YD Modifier submitted on medical claims (dental referral made and/or oral screening completed)
Goal 2. Increase in HEDIS measure of those Ages 2-20 who have had a dental visit in previous 12 months
Goal 3. Survey of medical personnel to evaluate satisfaction of program

Accomplishments –

- A few conference calls were held following the summit.
- Additional members were added to the group to include representatives from all of the managed care organizations, as well as from PA Department of Human Services and dental organizations.
- A variety of plans have been submitted to DHS on how the MCOs plan to use PHDHPs in 2017; these plans include telephonic and clinical use of this position. DHS published a Medical Assistance Bulletin dated August 1, 2017~~,~~ recognizing the PHDHP as a provider who could be contracted through the MCOs for MA reimbursement. At the September 2017 PA State Board of Dentistry (SBOD) meeting, approval was granted to begin the regulatory process of adding medical offices and childcare centers to the practice settings of the PHDHP.
- Interviews were conducted with states who have current affiliation agreements, and it was determined that most of the states have added a liability statement within their regulations to absolve the affiliated dentist of responsibility for a patient he or she may not have seen in their office. This type of agreement or partnership could still be a viable option for PA, though it may be the lengthiest to put into play.

Next Steps – Data will need to be collected from the individual MCOs and their PHDHP programs to determine the success of these projects. Once the PA SBOD finalizes the new practice settings to include medical offices and childcare sites, similar to the model currently in use in FQHCs, new models can be implemented and the YD Modifier occurrence could be tracked.

HIGH SCHOOL PIPELINE PROGRAMS

Prototype Lead: Judd Mellinger-Blouch, PA Association of Community Health Centers

The Prototype – Develop a dental pipeline program to encourage students in high school to become interested in and pursue dental careers.

Background – Though there are more than 9,000 licensed dentists in PA, our state has an imbalance in the geographic distribution of dental professionals that adversely affects the rural areas of our state. Various programs have attempted to correct this by enticing providers to rural areas and Federally Qualified Health Centers (FQHCs) by utilizing federal loan forgiveness programs, but there is still a shortage in certain areas of the state. There are currently entire counties in the Commonwealth where there may not be a single dentist, or there are only 1 or 2. The easiest way to secure providers for these areas is to recruit potential providers from the areas that need them most. Introducing dental careers to high school students in areas that have low-population density is a reasonable way to assure a long-term solution.

Accomplishments –

- In order to connect with local high schools, a letter was drafted and directed to high schools and their guidance counselors in the areas surrounding Harrisburg. This was a partnership with the dental programs already being offered at Harrisburg Area Community College.

- Connections were made between PCOH, Primary Care Career Center, and the Penn HOSA organization (Health Occupations Students of America). This group trains hundreds of students each year in grades 9-12 in health vocational programs, and a percentage of these students study dental assisting. The students complete internships in dental offices, and many even get certified in radiology during high school. There are 12 oral health advisors across the state who work within these programs at the school.

Next Steps –
PCOH and the Primary Care Career Center are partnering to attend the Penn HOSA state conference in March 2018. An educational seminar will be offered by PCOH on dental careers and both groups are planning to exhibit at the conference as well. Dental science competitions will be held, and PCOH will provide judges for the event.

Steps are also being taken to expand the connection between the dental programs at Harrisburg Area Community College and local high schools. Champions are being identified in the community, and more letters will be drafted to newly identified schools in the area.

PUBLIC AWARENESS FOR ORAL HEALTH

Prototype Lead: Brian Ebersole, Geisinger

The Prototype – The concept behind this prototype was to develop a focus group template/guideline to aid in increasing public awareness for oral health. This would provide communities with the framework to have important conversations about oral health (access, barriers, etc.).

Background – The idea behind this concept was to get communities talking about and become more engaged in oral health. This prototype would spark these conversations, and give communities a tangible tool to have meaningful conversations.

Accomplishments –

- In working with a group of University of Scranton masters students, this team successfully drafted a template. Feedback from students, an EFDA and a PHDHP helped shape the template. It was then tested at the University of Scranton. The testing phase went well. A lot of information was shared, and a lot was learned. There was a lot of group thinking, and there needs to be some intention in breaking down the group thinking in order to pull out more specifics. A key take-away was that a lot of effort is required of the facilitator, and that needs to be taken into consideration as this prototype is finalized and rolled-out for replication.

Next Steps – The template that was developed requires further editing and finalization. After that is complete, it will need to be tested again in another community. When testing of the instrument is complete, this prototype can be replicated in additional communities.

DENTAL PROVIDER SUPPORT – PROVIDER RETENTION

Prototype Lead: Dr. LaJuan Mountain, Family First Health

The Prototype – This prototype strives to provide support and resources to dental providers that practice in public health settings which will ultimately increase retention. It was decided that this would best be delivered via a study group that could easily be replicated in other areas throughout the state.

The Background – The team met in February to discuss plans for hosting the first study club in York. It was planned to be a full-day event in October 2017, including lunch, CE (lecture and hands-on portions), and roundtable networking. The target population included Family First Health providers (dentists and EFDAs), Sadler and Southeast dentists, residents from York Hospital and Lancaster General Hospital, and A.T. Still students.

The Accomplishments – The team hosted their pilot study club on October 5th, 2017 at Dentsply Sirona in York, PA. It was deemed a success, with over 30 people in attendance. DENTSPLY Sirona provided continuing education and the afternoon roundtable discussion focused on office management, particularly maximizing Dental Assistants (DAs) and EFDAs in community dentistry.

The Next Steps – This prototype can be expanded beyond the York community, and rolled out within other communities.

ORAL HEALTH EDUCATION IN CAPTIVE SETTINGS

Prototype Lead: Dr. C. Eve Kimball, All About Children Pediatric Partners, P.C.

The Prototype – Increasing oral health literacy by promoting and spreading the dental navigator model within non-FQHC medical offices/clinics and other venues in which families have "downtime" such as Emergency rooms, specialty offices, etc. to new locations throughout the state. The prototype has already been successful in an FQHC setting in the Philadelphia area for several years.

Background – Dental caries is a preventable chronic condition that can be improved through oral health literacy. Educating entire families (as opposed to individuals) in captive settings such as the treatment rooms will improve oral health literacy and patient outcomes in a cost-effective manner. Early intervention and prevention education will reduce the rate of dental caries and the associated effects of poor oral health on systemic health.

Accomplishments – Success has been achieved with utilizing a dental navigator in the Reading area; an increase in completed dental referrals from the medical home and awareness of need for oral health care among the clinicians were documented. Group teleconferences are being held on a monthly basis. There are several potential locations for future OHECS sites, both within private pediatric and internal medicine practices as well as free clinic models. Educational materials and a programmatic logic model have been developed for the work. A dental navigator toolkit was created to assist those interested in the model.

Next Steps – The OHECS group is looking to secure funding to help with the start-up costs of funding the dental navigators for 4 months until the medical practices can assume financial responsibility through increased reimbursement. New sites are being explored with the goal of collecting data on the success of the programs.

COMMUNICATIONS AND SOCIAL MEDIA PRESENCE: DEVELOPMENT OF AN ORAL HEALTH LISTSERV

Prototype Lead: Carol Landis, Premier Dental Products Company
Michele Mummert, WellSpan

The Prototype – A forum to exchange information among oral health stakeholders across the state.

Background – The idea of a listserv isn't new, but with all the work being done developing prototypes by people working in different types of organizations and regions across the state, we thought a platform like a listserv might be useful for oral health stakeholders to exchange ideas, share best practices, express challenges, etc. so that they can learn from one another. We envisioned different communication threads by topic, and perhaps other prototypes as topics so people could jump on, contribute, and learn from the communication exchanges within the forum. University of Pittsburgh had a listserv platform that other organizations use and PCOH Board Member, Dr. Deborah Polk, suggested that it might be a good starting point for PCOH to develop this type of communication tool.

Accomplishments – The listserv is established and it is occasionally used by those who have enrolled. Unfortunately, a listserv's success is dependent upon the richness of the communication it houses. We haven't been very successful in making it the communication tool of choice for PCOH members.

Next Steps – To make this prototype successful, we may want to consider a newer, easier-to-use format than a standard listserv. Ideally, it would be a platform that all PCOH communication could funnel into and out of. This would take some research and technical knowledge that is beyond the capacity of the current work team. The platform will ideally need to be "owned" by a staff member of PCOH who actively seeks to engage members regularly. Basically, we need a champion who can devote ample time to sparking conversations and engaging stakeholders on the online forum of choice.

USING TELEDENTISTRY IN HEAD START

Prototype Lead: Dr. Brittany Kinol, Miracle Dental Associates

The Prototype – Using a teledentistry model, increase the number of Head Start children in western PA who have a completed dental exam and established dental home.

Background – The National Head Start Association requires that all children enrolled (0-5) in Head Start and Early Head Start have regular dental exams and an established dental home within 90 days of enrollment into the program. Statewide, the numbers in certain parts of PA, particularly rural areas, are less than they should be. The programs report that it is difficult to identify a dentist who participates with Medicaid insurances, is local to the centers where the Head Start programs are, and is willing to see high numbers of children under 5, many of whom need comprehensive restorative care. With newer technology, it is possible to have direct access dental hygienists in the field sharing the exam of the mouth electronically.

Accomplishments – A small pilot was started in areas north of Pittsburgh. Direct access hygienists (PHDHPs) were deployed to the Head Start sites and given an intraoral camera to capture a live video of the children. Dr. Kinol was able to stream the video live, complete the exam, and also assist with getting the children scheduled for their restorative care. There were still challenges in transporting the children to a brick and mortar office for the restorative work, but the teledentistry model serves to triage the children who need immediate care and also saves parents at least one trip to the office. Dr. Kinol has recently opened up a new location in Westmoreland County in an area that has struggled in recent years to find a dentist to serve all of the needs of their children. In the last 5 months of the year, 125 exams were completed onsite at the Head Start centers, and 48 families have now listed Dr. Kinol as their established dental home.

Next Steps – In 2018, new codes will be introduced to recognize teledentistry (D9995/D9996) for use when the patient is in one location and the dentist is in another. This model shows a lot of promise and there is much interest in adapting it to other areas.

As was anticipated, several prototypes were developed at the Summit with good support and intention, but for various reasons, were unable to make actionable progress. We believe the following prototypes are worthy of further concentration, and welcome new collaboration for getting them off the ground.

IMPEDIMENTS TO ACCESS TO CARE – TRANSPORTATION

Prototype Lead: Christie Yanez, Children's Dental Health Associates

The Prototype – The intention of this prototype was to investigate the issues surrounding one of the most commonly-cited barriers to receiving dental care in many populations. There are systems in place in many counties to assist families with transportation to healthcare appointments, but barriers still exist within these systems. Some groups do not allow parents to bring other children along when one child is being seen, some programs build in many stops and a trip that should take a short time can take several hours, some have trouble with scheduling, etc. A complete assessment of this issue would need to be completed to begin addressing the issues.

PRIMARY CARE RESIDENT ORAL HEALTH ROTATION AND CURRICULUM: SHARED TRAINING PROGRAMS

Prototype Lead: Beth Frushon, PHDHP

The Prototype – As medical/dental integration gains ground in the healthcare system, there is a need to combine oral health training into existing medical programs. The purpose of this group was to investigate adding an oral health requirement into the rotation of medical residents in our state. There are small programs already in place that do this; plans to make a resource document available for other programs were discussed.

DENTIST LOAN FORGIVENESS PROGRAMS – TARGETING UNDERSERVED COUNTIES

Prototype Lead: Caitlin Crowell, Pediatric Dental Associates, Ltd.

The Prototype – This prototype holds a lot of potential to decrease Dental Health Provider Shortage Areas (DHPSAs) in our state. Current loan forgiveness programs carry a maximum of $100,000 which is only 25-40% of what is spent in four years of dental school. A decrease in DHPSAs is one of the goals within the State Health Improvement Plan (SHIP) and the 2017-2020 Oral Health Plan (OHP). There has been at least one recent legislative action discussing the proposal of increasing the amount of reimbursement (HCO 2664).

LEADERSHIP AND MANAGEMENT COURSES FOR DENTAL ASSISTANTS, CERTIFIED DENTAL ASSISTANTS, REGISTERED DENTAL HYGIENISTS, DENTISTS

Prototype Lead: Dr. Vaishnavi Iyer, LECOM School of Dental Medicine

The Prototype – Discussion was held at the Summit around the issues of dental curriculums being clinical-heavy, with little time spent on management and business development. An increase in some of these topics could assist dental professionals in choosing business models and give more background for when they enter the workforce.

SPREADING THE KIDS SMILES SCREENING MODEL FOR DATA COMPILATION

Prototype Lead: Jasmine Morales, Family First Health

The Prototype – Our state does not have a centralized program for collecting universal data on dental issues. Discussion was held around adopting and implementing a currently successful method utilized in southeast PA. After further review, the cost of widespread rollout was prohibitive. New information has become available surrounding a program used in Colorado, and we are now monitoring the state's capacity to adopt and adapt a similar program in PA.

SERVE AS AN EDUCATIONAL RESOURCE FOR YOUR COMMUNITY

Prototype Lead: Sue Giorgio, PA Dental Hygienists' Association

The Prototype – The concept was for oral health professionals to provide education to the community. After the Summit, this prototype was unable to gain any traction and therefore work on it never came to fruition.