IOWA'S PUBLIC HEALTH SUPERVISION DENTAL HYGIENISTS: EMPLOYMENT FACTORS AND PATIENT REFERRALS by McKenna Woodward, Dr. Julie Reynolds, and Mary Kelly

In an effort to improve access to care to underserved populations, Iowa allows eligible hygienists to provide hygiene services in public health settings without prior exam from a dentist. The state of Iowa implemented the Public Health Supervision Dental Hygiene (PHSDH) model in 2004. In this model, a written agreement is used where a supervising dentist authorizes and delegates services for the hygienist to provide in public health settings, which may include screenings and non-invasive therapeutic and preventive services. When other states have evaluated the impact of their direct access dental hygienists, most have found improved opportunities for underserved populations to gain access to dental care but have also faced barriers like finding a supervising dentist and reimbursement challenges.¹⁻⁴

There is limited research on public health supervision dental hygiene workforce models. The goal of this study was to examine the employment environment and experiences of the current PHSDH workforce in Iowa.

METHODS

In July 2019, a 40-question mixed-mode survey was administered to all dental hygienists working under PHS in Iowa (n=126). The survey instrument included questions about employment status and type, patient referrals, and other relevant topics. Descriptive analyses of the data were completed. The survey response rate was 52% (n=62), with 69% (n=42) of participants currently providing services under PHS.

KEY FINDINGS

EMPLOYMENT FACTORS

- Among survey respondents, the most common employer types were local public health agencies (59%), community health centers (CHCs) (20%), and nonprofit clinics (10%).
- Among respondents, 19% were I-Smile coordinators.*
- Among those who sought employment as a PHSDH, 67% found it difficult to find a job the last time they looked for work (Figure 1).
 - Comparatively, a 2018 survey of Iowa's registered dental hygienists found that 58% of recent job-seekers had difficulty finding work as a hygienist.⁵
- Regarding billing for services provided by PHSDHs, for most respondents, services were billed by the employer (81%) and/or by a program grant (50%). In Iowa, dental hygienists cannot bill directly for services.

PATIENT REFERRALS

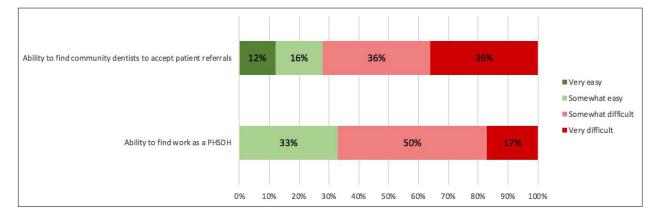
- Most supervising dentists (71%) accepted at least some patient referrals from their supervisee PHSDH; however, 71% of PHSDHs also reported that they found it somewhat or very difficult to find dentists in their community to accept patient referrals (Figure 1).
 - ° 21% of respondents reported that their supervising dentist accepted all patient referrals, 50% accepted some referrals, and 29% accepted none.

CONCLUSIONS AND POLICY IMPLICATIONS:

- Many dental hygienists have difficulty finding work, specifically finding employment opportunities that utilize public health supervision.
 - ° Policy Considerations:
 - > Allowing dental hygienists in Iowa to bill for services may create more practice opportunities to utilize PHS and increase job flexibility. As of 2014, 16 states allowed dental hygienists to directly bill insurance companies, including Minnesota, Missouri, and Nebraska.⁶
 - » As an example, in Maine where hygienists can bill independently, 18% bill themselves and 71% have an employer bill for their services.⁴

- > In order to expand job opportunities and improve access to care, it is important to explore ways to incorporate or expand the use of PHSDHs into more local health agencies, community health centers, or other organizations serving vulnerable populations.
- There appears to be an imbalance between the quantity of patients who require referrals to a dentist and the number of referred patients that community dentists accept. Many patients served by PHSDHs are publicly insured or uninsured; therefore, referral challenges may be related to low dentist participation in Medicaid.
 - ° Policy Considerations:
 - > Medicaid provider participation challenges are not new nor unique to Iowa. Referral difficulty is one of many symptoms of these challenges. Other states that have successfully improved dentist participation in Medicaid did so by increasing reimbursement in combination with other reforms, including reducing administrative burden to providers and improving outreach to Medicaid members.⁷⁻⁹ Efforts to improve dentist participation in Medicaid are needed, both to improve access for referred patients and to improve access for underserves Iowans more broadly.
 - > Build greater capacity, either within the PHSDH workforce or externally, to improve care coordination for patients being referred for care. Care coordination activities could include improving linkage to providers, appointment reminders, and facilitating support with transportation or other barriers to care.

Figure 1. Almost 3 in 4 public health supervision dental hygienists had a difficult time finding a dentist to accept referrals and experienced difficulty the last time they looked for a job.



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