

## IOWA'S PUBLIC HEALTH SUPERVISION DENTAL HYGIENISTS: EMPLOYMENT FACTORS AND PATIENT REFERRALS

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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.<sup>1-4</sup>

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.<sup>5</sup>
- 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.<sup>6</sup>
    - » As an example, in Maine where hygienists can bill independently, 18% bill themselves and 71% have an employer bill for their services.<sup>4</sup>

\*I-Smile is the oral health component of Iowa's maternal and child health program. It connects children with community medical and dental resources. Twenty-three I-Smile coordinators help organize care between families and local providers. Coordinators are employed by public and private non-profit organizations.

