

Improving Health Professions Decision-Making in the US: What Strategies Are Working?

Assessing the Impact of Regulation

Sponsored by the Professional Standards Authority and the Warwick Business School

Cumberland Lodge
March 13, 2015

Jean Moore, Director
Center for Health Workforce Studies
School of Public Health, SUNY at Albany
<http://chws.albany.edu>

Health Reform Is Transforming the Health Care Landscape

- Goals
 - To increase access to basic health care services
 - To provide high quality, cost-effective care
 - To improve population health

What Changes With Health Reform?

- Shift in focus for the health care delivery system to primary and preventive care
- Integration of primary care, behavioral health and oral health services
- Better coordination of care
- Payment reform, moving away from fee-for service and toward managed care arrangements
 - e.g., incentives for keeping people healthy and penalties for poor outcomes, e.g., inappropriate hospital readmissions

Workforce Implication of Health Reform

- New patient care delivery models (ex., Accountable Care Organizations, Patient Centered Medical Homes) are emerging
- Team-based approaches to care are used in these models
 - Team composition and roles vary, depending on the patient population
 - Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others
- Primary care providers roles are expanding to include behavioral health and oral health assessments

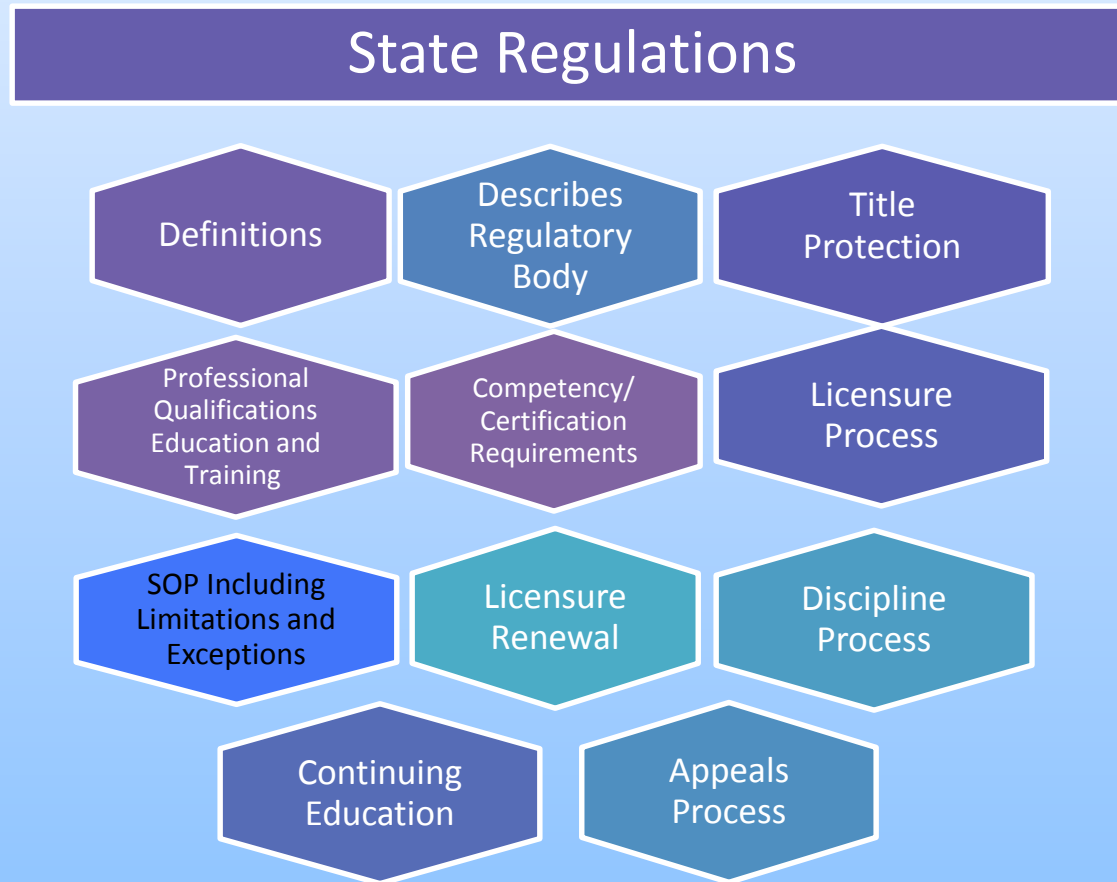
Workforce Issues

- Health care practitioner shortages and maldistributions
- Health professions students:
 - Have limited exposure to team-based models of care or interprofessional education
 - Are not trained in emerging functions
- Legal scope of practice is not well aligned with professional competence
- Shared responsibility needed for effective team-based care is difficult to achieve

Increased Interest in Scope of Practice Regulation

- Concern that scope of practice regulation directly impacts on:
 - Cost
 - Quality
 - Access

In the US, States Are Primarily Responsible for Regulating Health Professions



Issues With State Based Health Professions Regulation

- Mismatches between professional competence and state-specific legal scopes of practice
- Lack of uniformity in legal scopes of practice across states for some health professions
- Inconsistencies in training and education requirements, especially for emerging professions
- The process for changing state-specific scope of practice is slow and adversarial

State Strategies to Support Workforce Innovation

- Expand stakeholder input into SOP decision-making
- Use best available data and evidence to support SOP decision-making
- In the absence of evidence, allow time-limited demonstration projects that are carefully evaluated
- Target workforce innovations to underserved populations

SOP Policy Reform Strategy

Virginia:

Expanded Stakeholder Input

- Virginia Board of Health Professions
 - Statutorily created advisory body
 - Comprised of 18 members – reps from each of **13** health professional licensing boards and **5** citizen members
 - Duties include: examining scope of practice conflicts and evaluating health professions to consider need for regulation and degree of regulation
 - Criteria used in SOP decision-making: risk for harm to consumers, specialized skills, autonomous practice, economic impact

SOP Policy Reform Strategy

Virginia:

Using Available Data to Inform SOP Decisions

- Virginia Healthcare Workforce Data Center
 - Based in the Virginia Department of Health Professions
 - Collects health workforce data through re-licensing surveys
 - Routinely releases reports of findings
 - informs the work of the Board of Health Professions
 - Currently assisting with a series of reviews into the potential barriers to effective team delivery models posed by SOP restrictions
 - Dental hygiene is among the first professions to be assessed

SOP Policy Reform Strategy

Maine:

Using Data to Inform SOP Decisions

- In 2011, Maine legislature mandated a study of oral health care needs in the state
- In 2012, a series of reports were released:
 - Assessment of Oral Health Delivery in Maine
 - New or Expanded Oral Health Workforce Models in the U.S.
 - Report of the Survey of Dental Safety Net Providers in Maine
 - The Oral Health Workforce in Maine
- In 2014, Maine passed a law recognizing dental hygiene therapists

SOP Policy Reform Strategy

Maine Dental Hygienist Therapists

Target Underserved Populations

- Licensed dental hygienist with 2 years of additional training and 2,000 hours of supervised clinical practice
- Works under the direct supervision of a licensed dentist or a written practice agreement with a dentist
- Can work in hospitals, schools, nursing homes health centers, public health settings
- At least 50% of patients served by dental hygiene therapists must be Medicaid patients or underserved adults

SOP Policy Reform Strategy

Alaska Dental Health Aide Therapist (DHAT)

Targeting Underserved Populations

- Started in 2003
- Only serves Alaskan tribal communities
- Trainees recruited from local tribal communities
- Education: certificate program with 20 months plus 400 hours of supervised clinical training
- DHATs provide a range of OH services including: prevention, education, diagnosis and treatment of dental caries, basic restorative care
 - Work under the general supervision of a dentist

Alaska Dental Health Aide Therapist (DHAT) Evaluation Findings

- DHATs provide safe, competent, and appropriate care
- Tribal communities in Alaska report increased access to oral health care
 - Reduced in wait times
 - Reduced travel times
- Patients are very satisfied with care from DHATS
- Wide acceptance of DHATs in the communities they serve

SOP Policy Reform Strategy

Dental Therapists (DTs) and Advanced Dental Therapists (ADTs) in Minnesota

Targeting Underserved Populations

- 2009 legislation authorizing DTs and ADTs
- DT Education: 4-year, 40 month bachelor's degree
- ADT Education: 26 month masters degree
- Range of OH services include: diagnosis and treatment of dental caries, basic restorative services, including simple extractions; ADTs provide preventive services as well
- Both work under the supervision of a dentist, but ADTs practice more autonomously
- Half of caseload for both DTs and ADTs must be underserved populations

Dental Therapists (DTs) and Advanced Dental Therapists (ADTs) in Minnesota

Initial Evaluation Findings

- In 2014, there were 32 DTs in Minn; 6 of them were ADTs
- Worked in community clinics, hospitals and private practices
- Served over 6,300 new patients
 - 84% on public insurance
- Patients reported reduction in wait times
 - More pronounced in rural areas
- May reduce ER use by expanding capacity at dental clinics
- Clinic impacts:
 - Personnel cost savings
 - Increased productivity of dental teams
 - Improved patient satisfaction
- May contribute to improved cultural competence of the oral health workforce

SOP Policy Reform Strategy

California Health Workforce

Pilot Projects Program (HWPP)

- Established in 1972
- Allows time-limited demonstrations and evaluations of new approaches to health care delivery
- Does not require changes to law or regulation
- Recently completed pilot: The Virtual Dental Home
 - Community based oral health delivery system
 - Dental hygienists and dental assistants work in community settings and are remotely supervised by dentists
 - Settings include preschools, elementary schools and nursing homes
 - Services include education, triage, case management preventive procedures, and interim therapeutic restorations
 - Result: Positive evaluation led to adoption of the model by the state
 - Changes to SOP and reimbursement for services through the virtual dental home

States Are Adopting Their Own Strategies to Expand Access to Oral Health Services

- + Designed to address local needs and considers factors unique to that state
- Continues to contribute to state-to-state variation in SOP, training, qualifications for similar titles
 - Early stages in the development of oral health mid-levels
 - More convergence in these emerging models across states is likely over time

Thank you

Questions ?