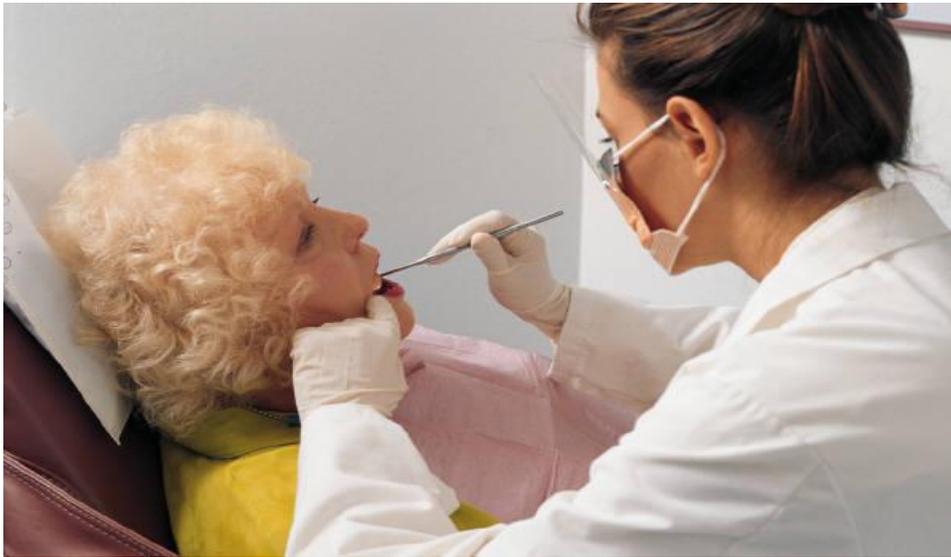


TENNESSEE DENTAL HYGIENISTS' ASSOCIATION

Written Protocol

Moving Tennessee Forward in Access to Care



Skilled Nursing Facilities

Nursing Homes

Public Health Programs

Non- Profit Clinics

History of the Legislation for Written Protocol

- Diana Saylor RDH, President of TN Dental Hygienists Association – 2011 – 2012 spearheaded research on issues important to hygienists in Tennessee especially access to care for all ages in the dental sector.
- In 2010, a Special Committee on Workforce models was established to research workforce models that would best benefit Tennessee according to consumer needs and expand the hygienists' scope of practice.
- Collaborative practice models utilized in Arkansas and New Mexico were used as resources.
- The TDHA Lobbyist Mike Bivens was consulted, then proceeded to discuss proposal with Representative Matthew Hill, Vice – Chair of the House and Health Resources Committee and Chair of the House General Sub-Committee of Health and Human Resources.
- The Commissioner of Health, Dr. John Dreyzehner supported the proposed legislation.
- A stakeholders meeting including TDHA, TDA, Academy of General Dentistry and a Representative from the Commissioners' office discuss, negotiate and finally agree on a Bill to submit to the Subcommittee of Health and Human Resources Committee.
- The sponsor of the Bill, Senator Jim Tracy advocated for approval of the Bill in the Health and Welfare Committee.
- The Health and Welfare Committee passed the Bill with amendments which then passed unanimously in the Senate 28-0.
- The Bill went back to the House with approved amendments where it passed unanimously 95-0.
- The Bill was signed by the Speaker of the House, Representative Beth Harwell and the Speaker of the Senate Lt. Governor, the Honorable Ron Ramsey.
- The final Bill was signed May 10, 2012 by the Governor of Tennessee, the Honorable Bill Haslam.

Written Protocol: Is it Right for You?

- For our purposes, a written protocol is a written agreement that sets forth standing orders for a working relationship between a Dentist and Hygienist to provide preventive oral health care in alternative settings
- These alternative settings are nursing homes, skilled care facilities, nonprofit clinics, and public health programs.
- With a written protocol agreement submitted in advance to the Board of Dentistry, Dental Hygienists can render services determined by the supervising Dentist under general supervision.

The following are grades given to Tennessee by Oral Health America's Oral Health Report Card 2000:

Access to Care - **D**

Prevention - **C+**

Dental Visits by Elderly - **C**

Dental Insurance Adults - **C**

Dental Insurance Elderly - **F**

Health Status - **C-**

Overall Grade - C-

Source:

http://www.dentalgentlecare.com/oral_health_report_card.htm

Practicing under Written Protocol In Tennessee

1. Requirements:

- General:
 - ✚ Have actively practiced as a licensed dental hygienist for at least 5 years
 - ✚ Have practiced two thousand (2,000) hours in the preceding five years or
 - ✚ Taught dental hygiene courses for two of the preceding three years in a dental hygiene program accredited by the American Dental Association's Commission on Dental Accreditation
 - ✚ Completed 6 hours of a public health Continuing education within the past 2 years

2. Settings

- a. Nursing homes
- b. Skilled care facilities
- c. Public health programs
- d. Non – profit clinics

3. Services

- Educational, diagnostic, preventative and therapeutic services as defined in the rules
- the review of the health history and vital signs
- removal of all hard and soft deposits and stain from the human teeth to the depth of the gingival sulcus,
- polishing natural and restored surfaces of teeth,
- placing preventive materials on tooth surfaces,
- taking or completing diagnostic images and procedures
- performing clinical examination of teeth and surrounding tissues for diagnosis by the Dentist
- Data collection

4. Written Protocol:

- Each written protocol required for off-site practice under general supervision shall be submitted to the board by **certified mail/return receipt** requested and shall include at a minimum:

- ✚ The name, address, telephone number and license number of the employer (supervising dentist)
- ✚ The name, address, telephone number, and license number of the dental hygienist
- ✚ The name, address, telephone number and other pertinent identification from all locations where the dental hygiene services are to be performed
- ✚ A statement signed by the dentist that the dentist and the dental hygienist both meet all minimum standards for general supervision as well as those required for practice under a written protocol as stipulated in the section 63-5-108

5. Dentist Information

- No dentist may enter into a written protocol with more than three dental hygienists at any one time
- No hygienists may be engaged in a written protocol with more than 3 dentists at any one time.
- The supervising dentist must process all patient billings
- Each written protocol will be valid for two years at which time it must be renewed through resubmission to the Board
- Dentist must notify the board within 10 working days by certified mail/return receipt requested or electronic mail that the written protocol is no longer in force.

6. Protocols

- The dental hygienist shall set and maintain protocols for infection control, record keeping and patient privacy.
- The dental hygienist shall comply with the appropriate OSHA record keeping protocols
- In the case of any exposure incident(s), provide the appropriate documentation to the assigned OSHA officer of the facility where the written protocol relationship takes place and to the assigned OSHA officer in the practice of the supervising dentist.
- The dental hygienist shall comply with the appropriate HIPAA record keeping protocols
- Shall provide the appropriate documentation to the assigned HIPAA officer of the facility where the written protocol agreement takes place

and to the assigned HIPAA officer in the practice of the supervising dentist.

- The dental hygienist shall comply with the appropriate protocols for management of medical emergencies, as established in agreement between the parties and the facility where the written protocol relationship takes place.

7. Consultation:

- The Dental Hygienist will maintain an appropriate level of contact, communication and consultation with the Supervising dentist either on site or via tele-dentistry, including but not limited to, telephone, facsimile, electronic mail or electronic imaging.
- The dental hygienist shall consult with the supervising dentist regarding management for relevant clinical situations or health history indications.

8. Payment: NPI

- In order to file an electronic claim to a third party payer, whether private insurance or Medicaid, you need your own National Provider Identifier (NPI). An NPI is a 10 digit number, assigned for free by the federal government, that serves as a permanent identifier of you as a healthcare provider, even if you move or are relicensed in a different profession.
- Tennessee dental hygienists at the present time are not directly reimbursed by either Medicaid or private insurance. However, even if you do not bill third parties directly, you can apply for NPI anyway because it may facilitate billing submitted by a health department or other entity for services that you provided.
- For more information about the NPI and how to obtain one, please visit the NPPES website or <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart> or contact NPPES directly by phone at (800) 465-3203

9. Insurance and Liability

Why do you need professional liability insurance?

- Insurance coverage held by the employer is written to protect the employer and patients served by the

employer. Individual employees have limited protection and limited access to the legal defense services provided to the policy holder.

- If you are self-employed you need individual protection for yourself and your business even more so. Professional liability insurance coverage is generally restricted to matters relating to patient care-it will not cover loss or damage to equipment, general negligence issues, or other matters.
- ADHA offers great information on professional liability and other types of insurance for self-employed dental hygienists, as well as equipment replacement insurance at: <https://www.personal-plans.com/adha/welcome.do>



Definitions of the Four Alternative Settings

The four alternative settings that are listed in the current rules are:

- Nursing homes
- non - profit clinics
- skilled care facilities
- public health programs

Nursing homes:

- "Nursing home" means any institution, place, building or agency represented and held out to the general public for the express or implied purpose of providing care for one (1) or more nonrelated persons who are not acutely ill, but who do require skilled nursing care and related medical services;
- a residential facility for people with chronic illness or disability, particularly older people who have mobility and eating problems. Also known as a convalescent home and long-term care facility.
- a nursing home, convalescent home, skilled nursing facility (SNF), care home, rest home, intermediate care, or old folk's home provides a type of residential care. They are a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living.

Non - profit clinics (501(c)3 organizations)

- A 501(c)(3) organization, also known as a nonprofit or charitable organization, is an organization that the Internal Revenue Service (IRS) has given tax-exempt status because the organization meets the requirements defined in Section 501(c)(3) of the Internal Revenue Code.

Non - profit clinics

- A facility, often associated with a hospital or medical school, that is devoted to the diagnosis and care of outpatients.
- A medical establishment run by several specialists working in cooperation and sharing the same facilities.

Skilled Care Facilities

- A type of health care given when a patient needs skilled nursing or rehabilitation staff to manage, observe, and evaluate care. Generally refers to a level of care that is lower, or less intense, than inpatient hospital care.
- Medical care ordered by a doctor that must be given or supervised by a licensed health care professional.

<https://healthalliance.org/Content/Glossary>

- Care that can only be provided by trained medical personnel. May also require specific licensure or credentials.

www.ncmedicaljournal.com/wp-content/uploads/NCIOM/hmoco

- Care that can only be provided by trained medical personnel. May also require specific licensure or credentials.
- Care involving certain treatments to be provided only by licensed professional.
servingourseniors.net/glossary.htm

Public Health Programs

This alternative setting is also wide open and would be a great area to collaborate with your local Public Health Department and Worldwide Health Organization.

- A program that the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals"

The World Health Organization (WHO) identifies core functions of public health Programs as:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping a research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- monitoring the health situation and assessing health trends

Worldwide Health Organization call "Public Health Programs" --
"Healthy Settings" and their definition is as follows:

➤ A setting where people actively use and shape the environment; thus it is also where people create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Examples of settings include schools, work sites, hospitals, villages and cities.

➤ Action to promote health through different settings can take many forms. Actions often involve some level of organizational development, including changes to the physical environment or to the organizational structure, administration and management. Settings can also be used to promote health as they are vehicles to reach individuals, to gain access to services, and to synergistically bring together the interactions throughout the wider community.

Written Protocol

Addressing Access to Care

ONE STEP AT A TIME !!!!!

Contacts

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Suggestions on how to get started

1. Research Facilities

- a. Make an appointment with the Director of the facility and have information about written protocol in hand
- b. Describe the services that you and the Dentist will provide
- c. If there is a Dentist already with the facility, contact him/her to promote program

2. Invest in equipment

- a. Portable dental unit
- b. Wheel chair head rest
- c. Head lamp

3. Invest in yourself and those who are in need !!