

Guest Editorial

The Advanced Dental Hygiene Practitioner Model

By Christine Nathe, RDH, MS

This issue of the *Journal of Dental Hygiene (JDH)* will introduce the first article of a series regarding the Advanced Dental Hygiene Practitioner (ADHP) model. The American Dental Hygienists' Association (ADHA) recognized the need to develop a mid-level provider following the Surgeon General's Call to Action Report in 2003, which specifically requested an increase in the oral health workforce diversity, capacity and flexibility. Following the ADHA House of Delegates recommendation, a task force was appointed to develop a model for the ADHP that included specific competencies and a sample curriculum. The ADHP Competency Document was published by ADHA in 2008.

At present, several states are working to include the ADHP model in their practice acts. Several states are in the stages of studying how this model may be adapted to their own populations' oral health needs. Many stakeholders and dental providers continue to have questions about the ADHP model so the *JDH* is taking the lead and publishing articles that will further explain and define this mid-level provider model.

The first article in the series will focus on the reasons that it is necessary for this provider to be educated at the graduate level. This is an important topic, since other mid-level health care providers are educated at the graduate level, whether it be at the Master's level or the Doctoral level. The term "mid-level" actually describes a provider who is "in between" a doctor and those health



care providers who are educated at the undergraduate or certification level. In fact, many new provider models that are also being developed to address the Surgeon General's call are innovative models, but do not specifically address the niche that the ADHP addresses, which is a graduate educated, *mid-level* provider.

In subsequent issues, other articles will address the legislative initiatives and public policies that need to be accomplished for the ADHP to become a reality. These steps will undoubtedly occur in our individual states and federal agencies. In order for ADHPs to practice, state legislatures will need to add this practice to their state dental statutes, universities will need to add curriculum to their existing graduate programs or develop new Master's level programs in dental hygiene to establish the new provider, and state and federal agencies will need to set policies so that the ADHP can help serve the citizens.

Topics such as the integration of the Healthy People objectives and the Surgeon General's recommendations into the ADHP model will

be presented to further describe the model's relationship with the public's health. The topic of how the ADHP model will advocate for the underserved populations who continue to be dentally underserved will be discussed. In addition, information about how this model can reach out to those in need and manage their care within dental care delivery will be presented.

The overall vision statement for the ADHP is to extend primary oral health care to all. The development of the ADHP is a significant advancement for the dental hygiene profession, but most importantly it can help those populations that need dental care the most. Millions of Americans struggle to obtain access to oral health care services; the ADHP model should be able to provide a range of preventive, restorative, and prescriptive services that will help to alleviate patients' pain, manage their infections, and get patients in the pipeline for additional treatment. This model can be part of the solution to make our dental care delivery system more effective and efficient.

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