

Critical Issues in Dental Hygiene

The Advanced Dental Hygiene Practitioner at the Master's-Degree Level: Is It Necessary?

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Introduction

Achieving oral health for all, especially for those with the highest disease levels, is one of the greatest challenges facing our nation.^{1,2} Almost a decade ago, the U.S. Surgeon General¹ and Oral Health America,^{3,4} a national advocacy group, released a national report card on our nation's oral health. Unfortunately, reports reveal that we are underachievers in access to care, cultural diversification, oral disease prevention, the policies that we promote, and the infrastructure that we have created.¹ These conditions have placed additional demands on the practice of dentistry and dental hygiene. The mediocre rating (a "C" grade) in oral health care can be improved if we build on the successes and potential of the dental hygienist as proposed by the American Dental Hygienists' Association in the Advanced Dental Hygiene Practitioner (ADHP).⁵ An ADHP is "a dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum, approved by the American Dental Hygienists' Association, which prepares the dental hygienist to provide diagnostic, preventive, restorative and therapeutic services directly to the public."⁵ Establishing the ADHP curriculum at the master's degree level requires transformational change in dental hygiene education and practice.

The need for the master's degree has challenged the thinking and opinions of many in our professional community. Therefore, the purpose of this paper is to focus discourse on why the ADHP should be prepared at the master's degree level—the terminal academic preparation for dental hygiene practice. This discourse is built on the following tenets:

- Graduate education in dental hygiene should evolve within the context of social need and is a logical mechanism to expand workload capacity.
- Advanced practice based on graduate education has become a reality in other health professions due to:⁶
 - Expansion of knowledge, technology, and generation of new scientific evidence to guide practice
 - The need to expand workforce capacity to meet the primary dental care needs of the underserved and unserved

- The desire to avoid curricula that exceed the usual credit and time limits for a baccalaureate degree
- The desire to award the appropriate degree for the demanding academic preparation and for the responsibility/complexity of practice that will follow upon graduation.
- If ADHPs have a master's degree as the entry-level credential, they will:
 - Improve access to primary oral health care
 - Increase quality of care, professional accountability, societal trust, and acceptance by the public
 - Be accepted as collaborators with dentists and other health professionals
 - Expand career opportunities
- An effective ADHP model is based on the advanced nurse practitioner model in which nurses with specialized graduate degrees successfully improve access to primary care in a variety of settings using evidence-based protocols in collaboration with physicians and other health professionals.⁶

Justification for the ADHP Curriculum at the Master's-Degree Level

Demographics and Complexity of Practice

ADHPs will treat dentally underserved populations, including but not limited to racial and ethnic minorities, children living in poverty, the elderly on fixed incomes, and persons with disabilities.⁵ These target populations experience barriers to dental care—so their treatment needs are more complex and expensive than those of persons who receive regular preventive and therapeutic care.¹ By 2020, 16% of the population will be 65 years of age or older; by 2050, the figure rises to 20%.⁷ Care planning and initial treatment most likely will be more complicated due to these individuals' chronic medical and dental conditions.⁸ The ADHP at the master's degree level can safely and cost-effectively meet the unique demands of these populations and then provide referrals to dentists or dental specialists when warranted.⁵

As conceived, the ADHP model includes an expanded scope of dental hygiene practice, e.g., some prescriptive authority, basic restorative procedures, simple extractions, direct access to care, and reimbursement from federal, state, and private payers.⁵ It is unlikely that the education underlying these components of practice can be incorporated into the associate or baccalaureate degree programs.⁹⁻¹¹ Moreover, for associate degree and baccalaureate degree dental hygienists, their important roles continue. Being a dental hygienist first will remain the prerequisite pathway for those whose goal is to become an ADHP. For example, given finite resources for health care, responsibility on the part of all citizens to stay healthy is essential, and dental hygienists work with clients toward this goal. A significant component of a person's health status is behaviorally based, (i.e., tobacco and alcohol use, diet, exercise, oral self-care practices, seeking regular professional oral health care, etc.). People who learn and practice oral-health-promoting behaviors can expect a lifetime of oral health and an economic savings that comes with disease prevention.¹² Dental hygienists will continue to provide preventive, educational, and therapeutic care within their scope of practice to people in private practices, schools, public health centers, extended care facilities, and adult daycare centers. In this way, dental hygienists and ADHPs complement each others' roles to ensure oral health care to all populations. Similar complementary relationships exist among nurses (LPNs, RNs, BSNs, MSNs, NPs, DNPs) who all fill important roles in the health care system.

Curriculum Creep

Educators and administrators have been guilty of squeezing too much information into entry-level dental hygiene curricula.⁹⁻¹¹ Everything there is to learn in the dental hy-

giene discipline cannot be accomplished solely by adding it to the associate or baccalaureate level programs or gleaned from continuing education.¹³⁻¹⁴ Other health care disciplines (nursing, physical therapy, occupational therapy, pharmacy) have delineated role expectations for entry level, the master's degree, and the doctoral degree. These health care disciplines evolved into advanced practitioner roles via specialized graduate degree programs. The dental hygiene profession must follow this path, not for prestige, but for fulfilling its service role within a society of varied populations and settings. The ADHP can help fill some of the vacant niches in our oral health care system.

Society recognizes the advanced nurse practitioner as having an advanced degree with competencies that extend beyond the RN or BSN levels. As dental hygienists earn specialized clinical degrees at the graduate level, the more familiar and confident Americans will become with ADHPs providing primary dental care. Consider the alternatives—building the ADHP into already overflowing associate and baccalaureate degree curricula, or offering this training to practicing dental hygienists as a continuing education program leading to a certificate. These approaches constitute unsound educational practices and would greatly shortchange the dental hygienist who might be interested in becoming an ADHP.¹⁴

Level of Responsibility Commensurate with Education

Through institutions of higher education, society awards degrees when a substantial body of information is mastered. With each defined increment of substantial information and mastery, a higher-level degree is awarded. Substantial coursework and clinical education are needed to develop the competencies of an

ADHP, above what is possible to accomplish in the accredited entry-level dental hygiene curriculum. Society also rewards persons with graduate degrees because they typically assume greater responsibilities in the workforce. It would be "educational malpractice" to require persons to complete extra coursework and master additional competencies and not provide them the opportunity of earning an advanced degree as evidence of their achievement. As professionals, we owe more to ourselves and our colleagues than to expect dental hygienists to assume added responsibilities in complex environments without the recognition of a formal graduate degree. Moreover, it is unfair to the student (or practitioner) who would enroll in the ADHP program, develop additional competencies, take on additional legal liabilities, be expected to make more complicated clinical decisions and not be duly recognized for this advanced preparation by holding a commensurate degree.

That is not to suggest that our associate degree programs and their graduates are incapable or less competent at what they are prepared to do. Most have earned college credit beyond the associate degree level... and some even hold the number of credits beyond the defined minimum for a bachelor's degree.¹⁴⁻¹⁵ Dental hygienists who are not ADHPs will continue to be valued oral health care professionals and in demand by dentists and society.

Collaborative Practice

This proposed practice model includes ADHPs working in health professional shortage areas where they are collaborating with dentists and physicians via phone, computer, or satellite communication.^{5,16} When a dental diagnosis or medical directive is necessary and a decision is beyond the ADHP's scope of practice, a dentist or physician can be contacted to step in and pro-

vide the needed care at a later appointment, or direct the ADHP in client treatment. Tele-health care is already practiced in hospital-based intensive care and critical care units where there is a shortage of specialist physicians known as intensivists.² Using two-way communication, nurses in hospitals can care for critical-care patients under an intensivist's direction using established protocols. Even emergency medical technicians manage life-threatening situations while in telecommunications contact with the emergency room physician.¹⁶

Supervisory Restrictions

Specialized graduate-level education will enable the ADHP to go into dental health professional shortage areas where needy populations are predicted to increase, given the state of the global economy.^{5,17} The majority of dental hygienists and dentists work in private practice settings. History shows that merely increasing the number of dental hygienists or dentists graduating from our schools does not translate into greater access to care for vulnerable populations who are found outside of the traditional practice setting. Most dental hygienists work supervised in the traditional dental private practice setting, where about 60% of the U.S. population receives dental care annually. Restrictive supervision requirements undermine the ability of dental hygienists to provide care according to established protocols and limit members of the dental team from serving diverse populations in need. Governmental reports consistently document the shortage of dentists in rural and inner city communities and in marginalized populations that do not receive regular dental care.¹⁷ If ADHPs work within these communities and populations, access to primary oral care can be expanded. For instance, in some states, dental hygienists cannot provide patient care unless the patient has a

recently documented visit to a dentist—a catch-22 for those who desperately need dental care, but who have not seen a dentist for years.¹⁸ In a collaborative model, the dental hygienist would be the conduit to the dentist for patient treatment that requires a higher level of expertise.¹⁶ These aforementioned access to care challenges support the need for the ADHP who would provide care in dentally underserved communities.¹⁶

There is no easy solution to the access to care challenges, but “healthy” dental and dental hygiene practice laws, if implemented, can enable dental hygienists, ADHPs, and dentists to prevent and treat most oral diseases and promote health for the entire nation.²

Reimbursement for Services

The economic downturn of the market, downsizing of operating budgets, high cost of drugs and technology, advances in technology, unemployment and underemployment, and the top-heavy demographics of the aging American population present challenges to the economic viability of ADHPs. For ADHPs to understand economic trends and develop the business acumen necessary to be direct access primary care providers, education beyond entry level is necessary. Patient outcomes, fees, overhead and salary data will need to be tracked to validate the value and cost-effectiveness of the ADHP to the health care of populations and the nation. Such data are important for influencing legislation and health care policy, and for attracting third-party payers who see that there is added value in reimbursing the services of both dental hygienists and ADHPs. As part of their business plans, ADHPs must measure their quality of care, safety, productivity, process, clinical outcomes, and patient satisfaction; and these qualitative and quantitative research skills require advanced knowledge that is obtained at the graduate level. Earn-

ing a graduate degree provides the ADHP with a comprehensive education for becoming a qualified primary care provider, which is a necessary step for attracting patients and obtaining reimbursement for services provided.

ADHPs at the Policy Table

Who sits on the major industry, institutional, and government policy boards that make decisions about health care delivery, how it is financed, and who receives care? The answer is CEOs of companies; government policy makers; insurance executives; and physicians, dentists, pharmacists, and nurses with graduate degrees who together plan, organize, finance, and deliver health care. Collaboration implies equality among collaborators. When collaboration occurs, it is predicated on competence and interprofessional respect with comparable levels of education as a common core.

ADHPs will need to proactively collaborate as members of insurance boards, governmental task forces, and health planning councils where health care and public health policy decisions are shaped. Level of education is one criterion used when inviting professionals to join in the decision-making process. For ADHPs to become recognized in the health care system as valued colleagues who contribute directly to the health of the nation, then ADHPs must be educated beyond the current entry-level credential of the associate or baccalaureate degree.

Conclusions

Oral health care professionals fail when the health of the entire population is not served. “The advanced practice model, with its emphasis on dentist and advanced dental hygiene practitioner collaboration, has the potential to serve populations characterized as low-income, underserved

and unserved.”⁵ Dental hygienists and ADHPs can work together with other health care professionals to contribute to the advancement of quality health care to the most vulnerable populations who have been disenfranchised from the traditional dental care delivery system, i.e., private practice. People separated from the health care system because of costs, geography, language, or culture should be proactively reached, assessed, treated within the dental hygiene and ADHP scopes of practice, and then referred to dentists for complex dental care.

Adopting “healthy” practice acts that recognize and support the complementary roles of dental hygienists,

ADHPs, and dentists would result in greater distribution of preventive, educational, basic restorative, simple extractions, and nonsurgical periodontal services to those outside of the private practice system. ADHPs would be able to provide primary care, direct individuals to seek the advanced care of dentists, and then as case managers monitor oral health status so that individuals are not lost in the system.

Preparation at the master’s degree level is a legitimate pathway to the expanded scope of practice, and the complexity of the diverse patients and settings that ADHPs will encounter. As transformational changes occur in dental hygiene and health care delivery, we should keep in

mind that there may be a time when the terminal academic preparation for advanced dental hygiene practice will be at a doctoral level.¹⁹⁻²¹

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