Dental Hygienist Practice in Senior Centers and School-Based Programs

Summary

July 2013

Washington State Department of Health
Health Professions and Facilities

Dental Hygienist Practice in Senior Centers and School-Based Programs

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Publication 630-121

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Executive Summary

In 2009, the Washington State Legislature passed Substitute House Bill (SHB) 1309, Dental Hygienist (see Appendix A). This bill relates to dental hygienists working in school sealant programs and senior centers. A school sealant program is community-based, and is carried out in schools serving low-income, rural, and other at-risk populations. "Senior center" means a multipurpose community facility operated and maintained by a nonprofit organization or local government for the organization and provision of a broad spectrum of health, social, nutritional, educational services, and recreational activities for people age 60 years or older.

The bill:

- Requires dental hygienists working in school-based sealant programs and senior centers to collect data and submit it quarterly to the Department of Health between October 1, 2009 and October 1, 2013 (this report includes data reported from July 1, 2009 through June 30, 2013. Supplemental data for July 1, 2013 through October 30, 2013 will be provided).
- Requires the department to report to the legislature on the data submitted, specifically:
    - In school-based sealant programs: the number of sealants applied; the teeth cleaning method selected for patients; if the patient was re-evaluated at a recall appointment; and whether sealants had to be reapplied at a recall appointment.
    - In senior centers practices, an evaluation of patients' need for pain control when receiving scaling and root planing.
    - In both schools and senior centers: The number of patients seen by a dentist following a referral by a dental hygienist; lessons learned from each practice setting; and any unintended consequences or outcomes.

Data were collected three ways: quarterly reporting by participating dental hygienists; a 2013 survey of hygienists and supervising dentists; and review of Medicaid data of students served by hygienists in schools (about 80 percent of students served in school-based sealant programs are Medicaid-eligible). We found that in school-based sealant programs between July 1, 2009 and June 30, 2013:

- A total of 21,344 students received sealants, and 96,216 sealants were applied.
- Teeth-cleaning methods included 27,403 students receiving coronal polish, 3,696 receiving hand scaling, and two receiving ultrasonic or piezo[1] scaling.
- On average, 80 percent of students seen were re-evaluated at a recall appointment with a hygienist.
- Less than two percent of the students needed to have sealants re-applied within three years of the first application, and no students needed sealants reapplied more than three years after first application.

In senior center settings between July 1, 2009 and June 30, 2013:

- A total of 3,218 seniors reported receiving dental hygiene services.
- Less than one-tenth of one percent of seniors served reported needing pain control when receiving scaling or root planing.

[1] Ultrasonic or piezo scaling – Scaling using a scaling tip which vibrates at high frequency and is cooled by water. Scaling is the removal of deposits from the teeth.

In school and senior center settings:

- There was incomplete data on the number of students who did not have a dental home (family dentist) and were referred to a dentist. Of 26,122 students referred to a dentist by a dental hygienist, only 312 of those referred were known to have been seen.
- There were reports of 1,440 seniors who didn't have a dental home, of which 1,222 were referred by a dental hygienist, and 227 were seen by a dentist.
- Some dentists say there is "tremendous need" for dental-hygiene services for low-income students and the elderly. Many patients seen by dental hygienists in schools and senior centers weren't receiving any other dental care.
- Hygienists surveyed said students with the greatest dental needs were least likely to connect with a dental home, even after referrals. A higher percentage of seniors referred by a dental hygienist saw a dentist.
- Some dentists said that although about half the seniors referred by dental hygienists made a dental appointment, most could not afford needed treatments.
- Some hygienists said that sealant retention rates in school settings were better than expected, and they were impressed with the high quality results over time.
- Some hygienists said they didn't anticipate the positive response they received in senior centers, while some said certain centers were not as supportive.

Note: While all reported data are included in this document and appendices, there were unanticipated and significant reporting gaps. Nonetheless, we believe the available data represents services provided by dental hygienists in school-based sealant programs and senior centers throughout the reporting period.

Conclusions

Dental hygienists providing services in school-based sealant programs and in senior centers allow participants access to oral health care they might not otherwise have, particularly those with low income or without a dental home. Preventive oral health services can help identify untreated health issues that may need referral to a dentist, physician, or other health care professional.

Sealant work, an evidence-based school health practice, is a main focus for preventing tooth decay in school children. The addition of prevention in community-based programs has provided the opportunity for an additional dental encounter for school children, during which the child may also learn about the importance of dental hygiene and care.

In Substitute House Bill 1298 report, the department recommended elimination of the requirement for off-site dental supervision in senior centers. There haven't been any adverse effects or events reported regarding services performed in these settings. The dental hygiene practitioners continue to appropriately refer individuals to a dental home. Eliminating off-site supervision by a dentist in senior center settings may increase the opportunity to expand to additional areas of the state where the number of practicing dentists is low.

Requiring dental hygienists to report care data doesn't support the department's licensing and disciplinary functions, but it may be useful to further the agency Oral Health Program's mission of advocating preventive dental care for at-risk populations.

Report to the Legislature

Requirements of Substitute House Bill 1309

In 2009, the Washington State Legislature passed Substitute House Bill (SHB) 1309, Dental Hygienist (see Appendix A). This bill relates to dental hygienists working in school sealant programs and senior centers. A school sealant program is community-based, carried out in schools serving low-income, rural and other at risk populations. "Senior center" is defined as a multipurpose community facility operated and maintained by a nonprofit organization or local government for the organization and provision of a some of the following: health, social, nutritional, educational services, and recreational activities for people age 60 or older.

SHB 1309 allows dental hygienists with two years of practical clinical experience within the previous five years to provide limited care to senior citizens and expanded services to children in community-based dental sealant programs.

Specifically, the bill:

- Requires dental hygienists working in school-based sealant programs and senior centers to collect data and submit it quarterly to the Department of Health between October 1, 2009 and October 1, 2013 (this report includes data reported from July 1, 2009 through June 30, 2013. Supplemental data for July 1, 2013 through October 30, 2013 will be provided).
- Requires the department to report to the legislature on the data submitted, specifically:
    - In school-based sealant programs: the number of sealants applied; the teeth cleaning method selected for patients; if the patient was re-evaluated at a recall appointment; and whether sealants had to be reapplied at a recall appointment.
    - In senior center practices, an evaluation of patients' need for pain control when receiving scaling and root planing.
    - In schools and senior centers, the number of patients seen by a dentist following a referral by a dental hygienist; lessons learned from each practice setting; and any unintended consequences or outcomes.

The department was required to consult with representatives of dental hygienists and dentists when drafting the report.

SHB 1309 was the second bill to require reporting of dental hygiene practice in schools and senior centers. In the 2007 session, the legislature passed Substitute House Bill (SHB) 1298, also requiring the department to prepare a report to the legislature. That report was completed and included a summary of information about patients receiving dental services; information on dental health outcomes and adverse events; and recommendations on services dental hygienists could appropriately provide in senior centers and in community-based dental sealant programs.

Based on the SHB 1298 legislative report, the legislature passed SHB 1309 that allowed for a continuation of services and required the submission of reports to the department until October 1, 2013. Where applicable, information is included from the SHB 1298 report for comparison purposes. Data from the report for SHB 1298 are shown as the period July 1, 2007 through June 1, 2009. Data for the report for SHB 1309 are shown as between July 1, 2009 and June 30, 2013.

Requirements for Dental Hygienists Providing Services in Senior Centers and Community-Based Programs

Dental hygienists participating in these programs must:

- Obtain information from the patient's primary health care provider about any health conditions related to providing preventive dental care.
- Refer patients to licensed dentists for dental planning and treatment.
- Provide the patient or patient's guardian written notice stating that the treatment being given is preventive service only and not a comprehensive oral health care service.
- Provide a written recommendation to the patient or patient's guardian that the patient should be examined by a licensed dentist for comprehensive oral health care services.
- Help the patient or their guardian obtain a referral for dental planning and treatment.
- Provide written information to the patient or their guardian regarding the patient needs.

Data Collection

The completion of this report included the following data collection methods:

- Quarterly reports sent to the department by participating dental hygienists.
- A 2013 survey sent to dental hygienists and supervising dentists.
- Medicaid reimbursement data supplied by the Washington State Health Care Authority.

Dental hygienists who took part in these programs gathered data on the patients treated and sent this data to the department. There are currently 25 dental hygienists providing hygiene services in 88 approved senior centers. The department does not know the number of dental hygienists participating in school-based sealant programs.[2] There were no adverse effects or events reported about services performed in either the senior center or community-based sealant programs.

The department worked with members of several groups that participated in the program to assess the effects these services had on the dental health of the patients treated:

- Licensed dentists and dental hygienists;
- Dental Hygiene Examining Committee (DHEC);
- Dental Quality Assurance Commission (DQAC);
- Washington State Dental Hygienists' Association (WSDHA);
- Washington State Dental Association (WSDA); and
- Alliance of Dental Hygiene Practitioners (Alliance).

Senior Center Findings

From October 1, 2009 to June 30, 2013, a total of 3,218 individuals received dental hygiene services in senior centers. The average patient age was 72.6 years. This compares to 116 individuals seen in between October 1, 2007 and September 30, 2009, when hygienists began providing services in senior centers under SHB 1298.

[2] The department is required to approve dental hygienists who provide services in senior centers, but not in school-based sealant programs.

Patients Receiving Services in Senior Centers

Time frame	Number of patients seen	Average patient age
October 1, 2007 to September 30, 2009 (reported under SHB 1298)	116	72
July 1, 2009 to June 30, 2013 (reported under SHB 1309)	3218	72.6
Totals	**3344**	**72.3**

In senior center settings between July 1, 2009 and June 30, 2013 (see appendix G-1):

- A total of 3,218 seniors received dental hygiene services.
- There were 1,440 seniors who did not have a dental home, of which 1,222 were referred to a dentist by a dental hygienist, and 227 were known to have seen a dentist.
- Less than one-tenth of 1 percent of seniors served reported needing pain control (see appendix B for survey results).

The department sent a survey to all dental hygienists providing services in senior centers. A survey was also sent to all off-site supervising dentists. The survey included questions about lessons learned from these practices and any unintended consequences or outcomes.

Appendix C contains a copy of the survey that was sent to all 25 currently approved and participating dental hygienists in the senior center program. Of the 25 hygienists, 16 responded.

Appendix D contains a copy of the survey that was sent to the off-site supervising dentists and alternate off-site supervising dentists for the dental hygienists in the senior center programs. This survey was sent to 33 licensed dentists and 12 responded to the survey.

Listed below is a sample of the responses from the dental hygienists about the lessons learned in senior centers:

- “It is a much appreciated service according to seniors - and more is needed.”
- “My clients are very grateful for the services I provide.”
- “The biggest lesson for me was to see how much this program is needed in our communities. The client's all followed through with necessary appointments to dentist. Our community needs these programs available. Limited income stops our seniors from accessing expensive prevention!”

A sample of the off-site supervising dentist responses about lessons learned:

- “There is a tremendous need for dental treatment among the elderly. This programs helps address that need.”
- “There is a definite need for senior care, and many seniors are unable or unwilling to make it in to a traditional dental practice setting.”
- “Good system. It catches the few people who haven’t had care and are unaware of their dental needs.”

Listed below is a sample of the dental hygienists’ responses about unintended consequences or outcomes in senior centers:

- "Getting a full day of clients scheduled was very difficult."
- "Yes, I did not expect the Center Administrators to be as helpful and positive as they were. The result was it made the working operation, pleasant, private, and we were able to maintain a professional environment."
- "I did not expect to see so many patients that had not been in to see a dentist in many years. I referred many of them to a wonderful dentist. The main positive outcome for me was that quite a few of the patients that I saw went on to see a dentist which they may not have otherwise done."

The off-site supervising dentists were also asked if they encountered any unintended consequences or outcomes in senior centers. Here are the responses:

- "I expected more demand and for the RDH[3] to be busier. Only a handful of regular appointments."
- "Difficulty for patients to know/understand the difference between being seen by a hygienist and having a dental examination by a dentist."
- "Hygienist was not active at senior center yet."
- "No unexpected problems or outcomes occurred during off-site supervision."
- "Other senior centers were not very supportive and it made it more challenging for [hygienist] to stay busy. When [hygienist] saw dental problems that needed attention she located dentists that would accept new patients if she referred them."
- "When [hygienist] referred patients to a dentist approximately 50 percent went. But most could not afford treatment and would opt out."
- "Dentists need to accept a certain percentage of senior patients and welfare patients."

Appendix B contains additional "lessons learned" responses from dental hygienists and their supervising dentists, as well as the unintended consequences or outcomes dental hygienists experienced while providing services in senior centers.

School Program Findings

From July 1, 2009 to June 30, 2013, a total of 95,207 students were seen in the community-based sealant programs carried out in schools, an average of 23,802 per year. This compares with 14,705 students seen from July 1, 2009 to June 30, 2013, an average of 7,352 per year. The average age of the students over the entire six years was 8.6 years. There were 16,483 students that did not have a dental home at the initial visit and a total of 26,122 students were referred to a dentist; including students with or without a dental home.

Students Receiving Services in Community-Based Sealant Programs

Time frame	Number of patients seen	Average patient age
October 1, 2007 to September 30, 2009 (reported under SHB 1289)	14,705	7.6
July 1, 2009 to June 30, 2013 (reported under SHB 1309)	95,207	8.8
Totals	109,912	8.6

[3] Registered Dental Hygienist

The community-based sealant programs in schools are well established, and studies show that dental sealants can be very effective in preventing and reducing dental decay in children.[4]

The Washington State Dental Sealant and Fluoride Varnish Program Guidelines require teeth to be cleaned before applying sealants and fluoride varnish. For some children, these community-based programs in schools are the first or only place where other types of potential health risks or problems are identified. This could result in increased health benefits for these children.

In school-based sealant programs, between July 1, 2009 and June 30, 2013, a total of 21,344 students were reported receiving sealants (see appendix G-2).

- Teeth cleaning methods included 27,403 students receiving coronal polish, 3,696 receiving hand scaling, and two receiving ultrasound or piezo scaling.
- On average, 80 percent of students seen were re-evaluated by the hygienist at a recall appointment
- Less than 2 percent of students had to have sealants reapplied within three years of application, and no students needed sealants reapplied more than three years after first application.
- There was incomplete data on the number of students who didn't have a dental home (family dentist) and were referred to a dentist. Of the 26,122 students reported to have been referred by a dental hygienist, only 312 were known to have been seen by a dentist.

We did not receive all data requested from hygienists, particularly regarding dental homes, referral to dentists, and whether patients referred actually were seen by a dentist. However, we believe that ratios of patients with a dental home and referred to and seen by a dentist provided in other periods may be representative of the missing data (see appendix G-2).

In order to augment the limited data the department received through direct reports from dental hygienists, it also requested information from the Health Care Authority (HCA) on the numbers of students/clients that had received further dental care after being seen in a school-based sealant program collected in HCA's Provider One system. Approximately 80 percent of the school sealant program's student population is funded by Medicaid. (Appendix G–3 shows the percentage of student clients that visited dental offices after they were seen by the dental hygienist in the school sealant program).

The department's approach to this data was to assume that student clients subsequently went to dentists because of the referral from the dental hygienist. It should be noted that not all of the dental hygienists providing services in school-based sealant programs are registered with

[4] http://jada.ada.org/content/139/3/257.full.pdf+html
Evidence-based clinical recommendations for the use of pit and fissure sealants, including retention and effectiveness (Beauchamp, et al., 2009)
http://jada.ada.org/content/140/11/1356.full.pdf+html
Updated recommendations and systematic review of evidence of effectiveness of sealants in school-based settings (Gooch, et al., 2008)
http://www.thecommunityguide.org/oral/supportingmaterials/RRschoolsealant.html
Community Preventive Services Task Force Finding and Rationale Statement for school-based dental sealant delivery programs (latest update: April, 2013, and cited in the Washington State Sealant Program Guidelines).

Provider One, nor can it be assumed that all student clients subsequently went to see a dentist. The data provided by Medicaid are only for those providers that are registered.

Appendix F contains a copy of the survey that was sent to the participating dental hygienists in the community-based sealant program. The survey was sent to 17 dental hygienists; only two provided input, even after a reminder was sent.

Here are the lessons learned from services in the school-based sealant programs:

- "Make dental screenings and perhaps sealant program mandatory in schools, like vision and hearing, in all schools with at least 50 percent FRL[5] population. Make it mandatory to include parental consent forms in school registration packet."
- "100 percent of students screened provide the best opportunity to identify those children with unmet dental needs."
- "The children with greatest dental need tend to be the least likely to have parents/guardians who consent to additional school-based oral health services, i.e. fluoride varnish and dental sealants…Even if it's unclear [*sic*] that there will be no cost or billing of service to them."
- "Strong school-parent relationship, effective communication and access to parents by oral health program provider are important to increasing number of children served."
- "Our "lesson learned" would include increasing parent involvement and parent engagement organizations, such as PTA, utilizing school newsletters for increasing awareness of our programs availability in their buildings."

There were only two comments received from dental hygienists regarding any unintended consequences or outcomes in the school-based programs:

- "Our results were better than expected…as far as retention rates; we are impressed that our providers were producing such high quality results over time. We will continue to improve participation rates in the schools we currently serve."
- "Students with greatest dental need are the least likely to connect to dental care (in school or dental home), even when referral efforts are made to connect them to low or no-cost dental services. Working with school health staff is crucial to communicating effectively and respectfully with parents. Even with best efforts, not all parents/guardians are responsive and other strategies must be considered. Also, follow up "emergency" treatment by visiting dental vans helps children who might not connect with dental home. Need sustainable funding."

Limitations

SHB 1309 required dental hygienists working in school sealant programs and senior centers to collect data and submit it to the department. However, the department has relied on the voluntary compliance of dental hygienists to report their activity because there is no way to enforce the reporting requirement short of disciplinary action. There were also some limitations to the department's data collection.

[5] *Free and Reduced Lunch*

First, it is not possible for the department to independently track when and where these services are provided. We don't know the full number of dental hygienists practicing in school-based sealant programs. Although we strongly encourage reporting, other than taking disciplinary action against a dental hygienist when it becomes aware of non-compliance, the department has no ability to enforce the reporting requirement. Therefore, from a regulatory standpoint, continued quarterly reporting does not seem to serve a vital patient safety interest.

Second, there was limited response to the surveys sent to participating dental hygienists in the senior center and community-based sealant programs. A survey was also sent to the off-site supervising dentists and alternate off-site supervising dentists for the dental hygienists in the senior center programs. Despite sending reminder notices for these surveys, the response was lower than desired, especially with regard to school sealant programs.

A third limitation is that the use of HCA data as another source of data collection provides an incomplete picture. To attempt to augment limited existing data, department staff sought payment data from the HCA. According to the HCA, approximately 80 percent of the school sealant program's student population is funded by Medicaid. The department's approach to this data was to assume that student clients subsequently went to dentists because of the referral from the dental hygienist. However, not all of the dental hygienists providing services in school-based sealant programs are registered with HCA and the Provider One system. The data provided by the HCA for Medicaid is only for those providers that are registered.

Despite this limitations and challenges, the department believes that in total, the data obtained from quarterly reporting, our survey, and Medicaid provide a fair representation of the extent of dental hygiene services provided in senior centers and schools-based sealant programs.

Conclusion

Dental hygienists are providing services that allow participants access to oral health care they might not otherwise have had. Preventive dental care programs offered in senior centers serve a fixed or low-income population with limited or no regular access to dental care. There is a benefit to public health from preventive services. Preventive oral health services can help identify untreated health issues that may need referral to a dentist, physician, or other health care professional.

Sealant work, an evidence-based school health practice, is a main focus for preventing tooth decay in school children. The addition of prevention in community-based programs has provided the opportunity for an additional dental encounter for school children, during which the importance of personal oral hygiene can be discussed with the child.

In Substitute House Bill 1298 report, the department recommended elimination of the requirement for off-site dental supervision in senior centers stating it may increase the opportunity to expand to additional areas of the state where the number of practicing dentists is low. The rationale included that there are no supervision requirements for the limited settings and the community-based sealant and fluoride varnish programs carried out in schools. There have not been any adverse effects or events reported regarding services performed in these settings. The dental hygiene practitioners continue to refer students to a dental home.

The data-collection requirement from the dental hygienists providing services in the senior centers and community-based sealant programs carried out in schools has been done since 2007 by the department's dental hygiene program. The limited data generated through these reports does not contribute to the department's licensing and disciplinary functions; however, it is used by the department's Oral Health Program to further its mission of advocating for preventive dental care for at-risk populations in Washington. Whether the data collection requirement is a better fit with the department's Oral Health Program may merit further consideration by the secretary.

Appendix A
SHB 1309 – Dental Hygienist

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1309

61st Legislature
2009 Regular Session

Passed by the House April 18, 2009
Yeas 97 Nays 0

_____

Speaker of the House of Representatives

Passed by the Senate April 13, 2009
Yeas 45 Nays 0

_____

President of the Senate

Approved

_____

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1309** as passed by the House of Representatives and the Senate on the dates hereon set forth.

_____

Chief Clerk

FILED

Secretary of State
State of Washington

SUBSTITUTE HOUSE BILL 1309

AS AMENDED BY THE SENATE

Passed Legislature - 2009 Regular Session

State of Washington 61st Legislature 2009 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Green, Ericksen, Appleton, Hinkle, Morrell, Rolfes, Cody, Moeller, Chase, Conway, Kenney, Goodman, Nelson, and Roberts)

READ FIRST TIME 02/17/09.

AN ACT Relating to dental hygiene; amending RCW 18.29.056 and 18.29.220; creating a new section; providing an effective date; and declaring an emergency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1 RCW 18.29.056 and 2007 c 270 s 1 are each amended to read as follows:

(1)(a) Subject to RCW 18.29.230 and (((~~(c)~~))) (e) of this subsection, dental hygienists licensed under this chapter with two years' practical clinical experience with a licensed dentist within the preceding five years may be employed ((~~or~~)), retained, or contracted by health care facilities and senior centers to perform authorized dental hygiene operations and services without dental supervision((~~,~~)).

(b) Subject to RCW 18.29.230 and (e) of this subsection, dental hygienists licensed under this chapter with two years' practical clinical experience with a licensed dentist within the preceding five years may perform authorized dental hygiene operations and services without dental supervision under a lease agreement with a health care facility or senior center.

(c) Dental hygienists performing operations and services under (a) or (b) of this subsection are limited to removal of deposits and stains from the surfaces of the teeth, application of topical preventive or prophylactic agents, polishing and smoothing restorations, and performance of root planing and soft-tissue curettage, but shall not perform injections of anesthetic agents, administration of nitrous oxide, or diagnosis for dental treatment.

(((~~(b)~~))) (d) The performance of dental hygiene operations and services in health care facilities shall be limited to patients, students, and residents of the facilities.

(((~~(c)~~))) (e) A dental hygienist employed ((~~or~~)), retained, or contracted to perform services under this section or otherwise performing services under a lease agreement under this section in

a senior center must, before providing services:

(i) Enter into a written practice arrangement plan, approved by the department, with a dentist licensed in this state, under which the dentist will provide off-site supervision of the dental services provided. This agreement does not create an obligation for the dentist to accept referrals of patients receiving services under the program;

(ii) Collect data on the patients treated by dental hygienists under the program, including age, treatments rendered, insurance coverage, if any, and patient referral to dentists. This data must be submitted to the department of health at the end of each annual quarter, ((~~commencing~~)) during the period of time between October 1, 2007, and October 1, 2013; and

(iii) Obtain information from the patient's primary health care provider about any health conditions of the patient that would be relevant to the provision of preventive dental care. The information may be obtained by the dental hygienist's direct contact with the provider or through a written document from the provider that the patient presents to the dental hygienist.

(((~~d~~))) (f) For dental planning and dental treatment, dental hygienists shall refer patients to licensed dentists.

(2) For the purposes of this section:

(a) "Health care facilities" are limited to hospitals; nursing homes; home health agencies; group homes serving the elderly, individuals with disabilities, and juveniles; state-operated institutions under the jurisdiction of the department of social and health services or the department of corrections; and federal, state, and local public health facilities, state or federally funded community and migrant health centers, and tribal clinics. ((~~Until July 1, 2009, "health care facilities" also include senior centers.~~))

(b) "Senior center" means a multipurpose community facility operated and maintained by a nonprofit organization or local government for the organization and provision of a ((~~broad spectrum of~~)) combination of some of the following: Health, social, nutritional, ((~~and~~)) educational services, and recreational activities for persons sixty years of age or older.

Sec. 2 RCW 18.29.220 and 2007 c 270 s 2 are each amended to read as follows:

For low-income, rural, and other at-risk populations and in coordination with local public health jurisdictions and local oral health coalitions, a dental hygienist licensed in this state may assess for and apply sealants and apply fluoride varnishes, and may remove deposits and stains from the surfaces of teeth ((~~until July 1, 2009,~~)) in community-based sealant programs carried out in schools:

(1) Without attending the department's school sealant endorsement program if the dental hygienist was licensed as of April 19, 2001; or

(2) If the dental hygienist is school sealant endorsed under RCW 43.70.650.

A hygienist providing services under this section must collect data on patients treated, including age, treatment rendered, methods of reimbursement for treatment, evidence of coordination with local public health jurisdictions and local oral health coalitions, and patient referrals to dentists. ((~~These [This]~~)) This data must be submitted to the department of health at the end of each annual quarter, ((~~commencing~~)) during the period of time between October 1, 2007, and October 1, 2013.

NEW SECTION. **Sec. 3** The secretary of health, in consultation with representatives of dental hygienists and dentists, shall provide a report to the appropriate committees of the legislature by December 1, 2013, that provides a summary of the information about patients receiving dental

hygiene services in senior centers that is collected under RCW 18.29.056(1)(e)(ii), and in community-based sealant programs carried out in schools under RCW 18.29.220. This report must also include the following:

(1) For patients receiving scaling and root planning in senior center practices, an evaluation of the patient's need for pain control;

(2) For community-based sealant programs in schools, the number of sealants applied; the teeth cleaning method selected for the patient; whether the patient was reevaluated at a recall appointment; and the need for reapplication of the sealant at the recall appointment; and

(3) For patients receiving treatment in either the senior center practices or the community-based sealant programs in schools, the number of referred patients that are seen by a dentist; the lessons learned from these practices; and any unintended consequences or outcomes.

NEW SECTION. **Sec. 4** This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2009.

--- END ---

Appendix B - Senior Center Survey

Responses Received

Patients' Need for Pain Control When Performing Root Planing and/or Soft Tissue Curettage (Scaling)		
	Root Planing	Soft Tissue Curettage
Patients did not need pain control	99.9%	100%
Patient needed over the counter pain control (for example, aspirin, ibuprofen)	0.0%	0.0%
Patient needed topical anesthetic pain control that I provided and they self-administered	0.0%	0.0%
Patient needed prescription-strength pain control and I referred them to a dentist	0.0%	0.0%
Other - Please describe	*0.1%	0.0%
TOTAL	100.0%	100.0%
* Indicated that they used "warm salt H2O rinse" on 100% of their patients.		

Additional Responses from Dental Hygienists and Dentists on Unintended Consequences or Outcomes in Senior Centers

Dental Hygienist

- "…the difficulties and pitfalls of getting the program up and running, as I have not started to see patients yet."
- “The senior center was funded under jurisdiction of the city parks and recreation department. Their guidelines for use of space required a rental fee for use of room per/hour which would have virtually wiped out any profit.”
- More clear guidelines for range of fees charges based on collection of data from other practitioners (RDH). What is “low cost?”

Additional Responses from Dental Hygienists and Dentists on Lessons Learned

Dental Hygienist

- "Lessons learned from my senior center would be that many clients view dentistry as secondary to paying bills, getting prescriptions filled and keeping food on the table. The senior center I provide a dental hygiene clinic to was in a low socioeconomic area. Most services they sign up for are the free ones. I quickly learned that keeping a full schedule would be impossible unless I hired a staff member to work at it full time. Another lesson learned was that advertising services is expensive and the net clients resulting from that is a wash. There is definitely a need for seniors to have access to dental care. Even reducing costs for seniors may still be a barrier for some. I wish that I could provide my services for free, but I have to pay my expenses too.”

- "People in retirement needs for affordable dental care are great and those on Medicaid is also growing."
- "I have learned a good deal of the senior population have very poor dental health. Many have broken teeth, decay and gum problems, missing teeth and do not even think about going to the dentist. Many cannot afford to go."
- "The seniors I have seen have root decay due to dry mouth - and lack of appropriate hygiene for dry mouth - so Fluoride varnish has been the main thrust of care!"
- "There were times when topical anesthetic would have made my patient more comfortable, but due to the controversy regarding its use I simple chose to scale less to keep the client comfortable and referred them to a DDS."
- “Know your demographic – population/income.”

Off-Site Supervising Dentist

- “Senior center settings are very unpredictable as far as demand for care and keeping appointments.”
- “We are trying to help fill a need in the Everett community for patients to receive on-going dental care and we are willing to work-out payment plans if needed.”
- “Nothing of significance to mention.”
- “Hygienist was not active at senior center yet.”
- “There is a need for oral health in the senior centers, but some clients do not have the means or funds to access that care.”
- “It is a great service that these hygienists are able to provide for the clients in senior centers.”
- “I am aware that there are many seniors that are neglecting dental health and cannot afford even minimal treatment. Some of the centers are cutting hours due to budget crunch, making it difficult to schedule appts. The Tacoma centers, Beacon and Lighthouse, in particular.”
- “In 2007 the senior center in Bellingham started very slow, maybe 2 patients per day. With time the program became very busy. The Senior Center staff was very supportive of the dental hygienist who was also very supportive of the senior citizen clientele.”
- “It’s beneficial to those senior people who has difficulty (physical or financial) to look for dental service.”

Appendix C - Senior Center Survey

Sent to Dental Hygienists

April 15, 2013

Dear Practitioner:

Since 2007, the Washington state Legislature has authorized you to provide dental hygiene services at senior centers with off-site supervision by a dentist when certain requirements are met. In 2008, the Legislature required the Department to present it with a report on the outcomes of this program. After reviewing our report and holding hearings in 2009, the Legislature continued this program, directing us to evaluate the data you and your colleagues have been submitting for the last six years and to report back again by December 1, 2013.

We expect the Legislature will be very interested in this report.
To meet our objective of consistent data collection, we have attached a follow-up survey. You'll find it to be similar to the survey you completed in 2008 in preparation for our initial report to the Legislature.
Please complete this survey and return it to me by mail or email **no later than May 20, 2013** at:

Washington State Department of Health
Health Professions and Facilities
Dental Hygiene Program
Attn: Vicki Brown
P.O. Box 47852
Olympia, WA 98504-7852
Or
vicki.brown@doh.wa.gov

If you have questions about the survey or are unable to respond to any of the survey questions, please contact me at (360) 236-4865 or the above email address.

In advance, thank you for your participation.

Sincerely,

Vicki Brown
Program Manager

All the questions in this survey address ONLY your activities when you were under the off-site supervision of a dentist:

- Providing dental hygiene care to senior patients at senior centers
- From October 1, 2007 to October 1, 2013

1. Please complete the table below to score your patients' need for pain control when you performed root planing and soft-tissue curettage.

	Patients' need for pain control when performing	**Root Planing**	**Soft Tissue Curettage**
1	Patient did not need pain control	%	%
2	Patient needed over the counter pain control (for example, aspirin, ibuprofen)	%	%
3	Patient needed topical anesthetic pain control that I provided and they self-administered	%	%
4	Patient needed prescription-strength pain control and I referred them to a dentist	%	%
5	Other-Please describe	%	%
		100 %	100 %

2. For the 2013 report, the Legislature has directed the Department to include general comments from providers on the program. Based upon your recollection, please describe below "lessons learned" with the senior center program.

3. Did you encounter any outcomes of the program that you did not expect to occur?
   (a) If your answer is yes, please describe the unexpected outcomes.

   (b) If you described any negative unexpected outcomes in (a), what were they and how could the program be changed to avoid these outcomes?

Appendix D - Senior Center Survey

Sent to Off-Site Supervising Dentists

July 5, 2013

Dear Practitioner:

Since 2007, the Washington state Legislature has authorized you to off-site supervise dental hygienists services at senior centers when certain requirements are met. In 2008, the Legislature required the Department to present it with a report on the outcomes of this program. After reviewing our report and holding hearings in 2009, the Legislature continued this program, directing us to evaluate the data the hygienists you supervise have been submitting for the last six years and to report back again by December 1, 2013.

We expect the Legislature will be very interested in this report.

To meet our objective of consistent data collection, we have attached a follow-up survey. You'll find it to be similar to the survey you completed in 2008 in preparation for our initial report to the Legislature.

Please complete this survey and return it to me by mail or email **NO LATER THAN JULY 19, 2013** at:

Washington State Department of Health
Health Professions and Facilities
Dental Hygiene Program
Attn: Vicki Brown
P.O. Box 47852
Olympia, WA 98504-7852
Or
Vicki.Brown@doh.wa.gov

If you have questions about the survey or are unable to respond to any of the survey questions, please contact me at (360) 236-4865 or the above email address.

In advance, thank you for your participation.

Sincerely,

Vicki Brown
Program Manager

Off-site supervising dentist name: _____
All the questions in this survey address ONLY your activities when the hygienist was under your off-site supervision:

- Providing off-site supervision to dental hygienists care to senior patients at senior centers
- From October 1, 2007 to October 1, 2013

1. For the 2013 report, the Legislature has directed the Department to include general comments from providers on the program. Based upon your recollection, please describe below "lessons learned" with the senior center program.

2. Did you encounter any outcomes of the program that you did not expect to occur?

   (a) If your answer is yes, please describe the unexpected outcomes.

   (b) If you described any negative unexpected outcomes in (a), what were they and how could the program be changed to avoid these outcomes?

Appendix E - Community-Based Sealant Programs Survey

Responses Received

Dental Hygiene Sealant Data

Patients' Need For Reapplied Sealants					
	2007	2008	2009	2010	2011
Total Patients Seen	384	4,738	6,831	6,618	11,692
% of Patients that had sealants applied (of those who returned consent forms)	80%	85%	82%	70%	47%
% of patients that you re-evaluated at a recall appointment (of those who had consent forms)	0%	65%	72%	78%	90%
% of patients who needed to have a sealant reapplied within 3 years of first application	0%	2.90%	1.20%	0.50%	~2.00%
% of patients who needed to have a sealant reapplied 3 years or more after first sealant was applied	0%	0%	0%	0% **	0% **

** Tacoma-Pierce County Health Department's (TPCHD) random quality review of our school-based sealants showed a 98% to 100% sealant retention rate in recent review years (2011-2012).

Appendix F – Community-Based Sealant Programs Survey

Sent to Dental Hygienists

May 21, 2013

Dear Practitioner:

Since 2007, the Washington State Legislature has authorized you to provide dental hygiene services in schools without on-site supervision by a dentist when certain requirements are met. In 2008, the Legislature required the Department to present it with a report on the outcomes of this program. After reviewing our report and holding hearings in 2009, the Legislature continued this program, directing us to evaluate the data you and your colleagues have been submitting for the last six years and to report back again by December 1, 2013.

We expect the Legislature will be very interested in this report.

To meet our objective of consistent data collection, we have attached a follow-up survey. You'll find it to be similar to the survey you completed in 2008 in preparation for our initial report to the Legislature.

Please complete this survey and return it to me by mail or email **no later than June 14, 2013** at:

Washington State Department of Health
Health Professions and Facilities
Dental Hygiene Program
Attn: Vicki Brown
P.O. Box 47852
Olympia, WA 98504-7952
OR
vicki.brown@doh.wa.gov

If you have any questions about the survey or are unable to respond to any of the survey questions, please contact me at (360) 236-4865 or the above email address.

In advance, thank you for your participation.

Sincerely,

Vicki Brown
Program Manager

All the questions in this survey address ONLY your activities when you were:

- Providing dental hygiene care to students in school-based sealant programs
- From October 1, 2007 to October 1, 2013

3. Please complete the table below that identifies outcome of sealants applied to students.

Patients' need for reapplied sealant	2007	2008	2009	2010	2011
Total patients seen					
% of patients that needed sealants applied	%	%	%	%	%
% of patients that you re-evaluated at a recall appointment	%	%	%	%	%
% of patients that needed to have a sealant reapplied within 3 years of first application	%	%	%	%	%
% of patients that needed to have a sealant reapplied 3 years or more after first sealant was applied	%	%	%	%	%

4. For the 2013 report, the Legislature has directed the Department to provide general comments from providers on the program. Based upon your recollection, please describe below "lessons learned" with the school-based sealant programs.

3. Did you encounter any outcomes of the program that you did not expect to occur?

   (a) If your answer is yes, please describe the unexpected outcomes.

   (b) If you described any negative unexpected outcomes in (a), what were they and how could the program be changed to avoid these outcomes?

Appendix G
Quarterly Data Tables

G-1: Senior Center Quarterly Data

		10/01/2007 to 09/30/2008	10/01/2008 to 09/30/2009	10/01/2009 to 09/30/2010	10/01/2010 to 09/30/2011	10/01/2011 to 09/30/2012	10/01/2012 to 06/30/2013	TOTAL
Average age of patients		72.5	70.7	72.9	72.4	72.7	72.5	72.3
Number of patients		188	209	417	706	941	883	3344
Have you previously seen this patient			30	203	308	554	579	1674
Did patient have a dental home (family dentist)?	Yes	70	69	154	341	501	486	1621
	No	114	137	255	360	435	390	1691
If no, did you refer to a dentist?	Yes	114	123	230	313	357	322	1459
	No	29	54	69	133	152	194	631
Number of referred patients seen by a dentist			7	45	43	60	79	234
TREATMENTS RENDERED								
Removed Deposits / stains		165	197	393	696	932	879	3262
Applied topical preventive / prophylactic agents		71	95	292	591	710	738	2497
Polished / smoothed restorations		28	48	19	35	74	96	300
Performed root planing		89	69	78	158	138	95	627
Performed soft -tissue curettage		20	31	6	65	26	62	210
INSURANCE COVERAGE								
No insurance		167	172	377	676	913	835	3140
Private insurance		4	10	19	21	22	43	119
Medicare coverage		5	2	0	0	0	20	27
Medicaid coverage		5	6	12	5	5	26	59
Other		0	2	2	5	3	1	13

Note: Not all questions were answered by every dental hygienist.

G-2: School Sealant Data

Time frame		10/01/2007 to 09/30/2008	10/01/2008 to 09/30/2009	10/01/2009 to 09/30/2010	10/01/2010 to 09/30/2011	10/01/2011 to 09/30/2012	10/01/2012 to 06/30/2013	TOTAL
Average age of patients		7.9	8.7	10.8	8.6	7.8	7.8	8.6
Number of students		14522	15044	17892	23431	20440	18583	109912
Did patient have a dental home (family dentist)?	Yes	5867	6027	3894	74			15862
	No	5461	4545	6407	70			16483
If no, did you refer to a dentist?	Yes	4994	4667	6026	12166	7930		35783
	No	928	2082	8213	8673	5963		25859
Number of referred patients seen by a dentist		*	*0	69	146	97		312
EVIDENCE OF COORDINATION								
Evidence of coordination with LHJ		13399	10548	11107	16238	13021	9520	73833
Evidence of coordination with LOHC		13255	12981	11240	21980	17421	12197	89074
Other (no local health coordinator or coalition		13492	10896	10822	1243	2048	8143	46644
TREATMENTS RENDERED								
Removed Deposits / stains		9295	6956	5263	11974	7271	8569	49328
Teeth Cleaning Method Selected								
Coronal polish			1157	2951	11009	6566	6877	28560
Hand scale			13	374	824	626	1872	3709
Ultrasonic scaler / piezo scaler			0	0	1	0	1	2
Other			633	5863	468	573	905	8442
Applied sealants (number of students)		3388	2780	5085	6241	4496	5522	27512
Number of sealants applied		0	3720	23806	28222	19652	24536	99936
Applied fluoride varnish		12936	14370	12674	17312	12538	15285	85115
METHODS OF REIMBURSEMENT								
Medicaid - DSHS		9873	11720	16206	18241	13877	14023	83940
Private insurance		989	386	246	534	498	462	3115
School fund		36	10	31	28	0	1	106
Cash		1768	417	351	372	750	812	4470
Grant		0	0	0	17	103	12	129
Donated service (pro-bono)		0	3181	7026	3255	4399	4249	22110
Other		1	2	473	1	117	8	602

Note: Not all questions were answered by every dental hygienist.
*The collection of this information was not required until July 1, 2009.

G-3: Washington Medicaid Data for School Dental Hygiene Care

Washington State Medicaid Fee for Service Claims Data Clients Receiving Dental Treatment After School Dental Hygienist Visit					
	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012*
Clients receiving school dental hygiene services	17504	18738	24487	27335	29047
Clients receiving other dental services within 12 months of school visit	12159	13590	18074	20627	19180
% receiving other dental services	69%	73%	74%	75%	66%
*Calendar year 2012 incomplete due to claim lag - informational only					

FFY - Federal Fiscal Year