

## **Updating the Professional Practice Index for Dental Hygienists in the 50 U.S. States and the District of Columbia**

The *Oral Health Workforce Research Center* (OHWRC) is updating the scope of practice index for registered dental hygienists (RDHs) that was originally created in 2001, to provide an objective quantification of current practice for RDHs and to allow comparison of changes over time for dental hygiene practice in each state.

### **Background**

The term “scope of practice” is used to describe a subset of clinical services that a health professional can safely provide to a patient based on the education, training and competency of the professional. Scope of practice also describes the levels of required supervision by more highly trained health professionals (e.g., a physician or a dentist) that apply to more complex tasks, and may also include a description of permissible settings in which the health professional may provide care.

Oral health has lagged behind medical health in expansion of scope of practice for allied dental personnel. Unlike health professions where, over time, incremental scope of practice changes have resulted in the development of midlevel providers, such as nurse practitioners (NPs) and physician assistants (PAs), expansion in scope of practice for registered dental hygienists (RDHs) has come slowly. Permitting more independent dental hygiene practice under lower levels of dental supervision has the potential to significantly increase access to care. There is currently substantial interest in the impact of recent expansions in scope of practice for RDHs that have resulted in new models of care delivery, such as public health or independent practice RDHs. It is critical to understand the impact of these expanded workforce models on patients’ access to care and on oral health outcomes for underserved populations.

In 2003, a numerically scaled scope of practice index for RDHs was constructed for the Health Resources and Services Administration (HRSA) by the New York Center for Health Workforce Studies (NY CHWS). As part of that study, project staff performed an exhaustive review of all statutes and regulations governing RDHs in the 50 states and the District of Columbia in 2001. A quantified index had previously been constructed for several health professions, including NPs and PAs, and those had been useful for stakeholders to compare and contrast scopes of practice across states and to enable comparison of health outcomes for patients. A numerical practice index was constructed for RDHs to understand the variation in scopes of practice across states.

The resulting practice index, the Dental Hygiene Professional Practice Index (DHPPI), reflected the state-level practice environment for RDHs in 2001.<sup>1</sup> Subsequent research published by the New York Center for Health Workforce Studies using the DHPPI found that greater levels of professionalization, as measured by more tasks performed, greater levels of autonomy, and direct reimbursement, were significantly associated with more favorable oral health in a state’s population.<sup>2</sup>

Much has changed for the dental hygiene profession in the decade since the DHPPI was constructed and the utility of the 2001 DHPPI for analysis has diminished. As part of the year 1 research projects, a more current DHPPI will be created by conducting an extensive review of state legislation and regulation governing RDHs to describe the current regulatory environment, the number and type of tasks now permitted to RDHs, the amount of supervision for each task, and the ability of RDHs to obtain direct reimbursement for the services provided to patients.

### **Hypotheses, Design and Analysis**

The hypothesis for this study is that many states have changed scope of practice for RDHs since 2001 and an updated DHPPI will reflect changes in the past decade in state laws and rules governing dental hygiene scope of practice.

The new index will provide an important objective quantification of current practice for RDHs and will compare changes over time for each state. As with the 2001 index, each component of the updated index will be factor analyzed in order to establish construct validity. Factors such as the type of regulatory board and level of supervision across multiple settings, including dentists' offices, long-term care facilities, schools, public health agencies, correctional facilities, mental health facilities, etc., will be thoroughly described and numerically quantified. Tasks permitted by state law will be quantified as will the legal capacity for direct reimbursement. If statistically justified via factor analysis, these components will be combined into an overarching index as a measure of the professional practice environment. Differences between the 2001 and the updated indices will provide an important empirical comparison of the change in the professional practice environment of RDHs over time. The new index will be a valuable tool for oral health workforce research because it would permit analyses of the effects of the state-level practice environment for RDHs on the oral health of the population within the respective states.

### **Data Sources**

Current statute and regulation governing RDHs will be obtained from a variety of Internet sources including Web sites of the State Boards of Dental Examiners, the Board of Dentistry, state legislatures, and from other sources describing legal conditions for practice.

### **Deliverables**

This research project will result in a research brief, final research report and a manuscript submitted to a peer-reviewed journal. It will also result in an updated DHPPI that can be used as a valuable analytic tool in future analyses by OHWRC investigators and other health workforce researchers.

1. Health Resources and Services Administration. The Professional Practice Environment of Dental Hygienists in the 50 States and the District of Columbia, 2001. National Center for Health Workforce Analysis, Bureau of Health Professions, United States Department of Health and Human Services. April 2004. Accessed December 20, 2012.  
<http://bhpr.hrsa.gov/healthworkforce/reports/dentalhygiene50statesdc.pdf>
2. Wing P, Langelier MH, Continelli TA, Battrell A. A Dental Hygiene Professional Practice Index (DHPPI) and Access to Oral Health Status and Service Use in the United States. *Journal of Dental Hygiene*. 2005; 97(2): 10ff.