

Michigan Department
of Community Health



**PA 161: Public Dental Prevention Program
2011 Annual Report
October 2010- September 2011**

Results: October 1, 2010- September 30, 2011
44 out of 53 programs reported data sometime in the 12 month period
8 programs reported no activity for the 12 month period
1 program sent no reports (Expired 10-23-11)
4 programs have not submitted any data for the final quarter
2995 adults screened
19,668 children screened
3819 adult prophys
18,852 child prophys
4597 children received sealants
14,160 sealants placed
25,884 fluoride varnish applications
11,112 other fluoride applications
8448 referred for dental treatment
1745 reported receiving treatment

Introduction:

The Michigan Department of Community Health Oral Health Program (MDCH-OHP) administers the PA 161: Public Dental Prevention Program (PA 161 Program). This program allows a collaborative practice between dental hygienists and dentists to allow preventive oral health services on unassigned and underserved populations in the state of Michigan. Through approved applications, non profit agencies can use dental hygienist service providers to administer preventive services to those in the state most in need of oral health care.

This report highlights the Michigan Department of Community Health (MDCH) PA 161: Public Dental Prevention Program for the period between October 1, 2010 and September 30, 2011. Data collection results, Advisory Committee discussions, application changes, and other information regarding the PA161 Program are addressed. As of October 2011, there were 53 approved programs with 93 supervising dentists and 181 registered dental hygienists as service providers. One program had expired and two programs had discontinued their PA161 program activities at the time of this report write up. A Program Directory is available on the MDCH-OHP website:

www.michigan.gov/oralhealth

Data Collection:

As of August 2009, new and renewing applicants for the PA 161 program are required to submit quarterly data information on their PA 161 program activity to the MDCH Oral Health Program (OHP). Programs are informed of this required data collection requirement as their applications come in for renewal (every two years) or for a new submission.

Out of the current 53 programs approved, 44 had data to report. Eight programs had zero activity for the 12 month time frame and one program did not send any reports. There were 4 programs not reporting for the final quarter. The programs only submit the data report if they have had any PA 161 program activity for the reporting period. If no PA 161 program activity was performed during that time period then they send an e-mail or note stating this fact and “No Activity” is recorded on the MDCH data base for that time period for their program.

The Data Report Form is currently set up as a table with site descriptions and populations labeled horizontally and services performed along the vertical axis. There is also room for “other” populations, sites or services not listed and the reporting agency is to describe the “other”. The agency name, date range of collected data, date of form submission, contact person and contact phone number are requested on the form as well. For a copy of the Data Report Form visit www.michigan.gov/oralhealth .

For adults seen, the majority (1536) received services in a “Public Health Agency, FQHC or Community Clinic”. Often these clinics have the services of a dentist on a limited basis and this allows the dental hygienist to perform a screening, prophylaxis and other preventive services before the dentist examines them.

There were only 28 adults recorded as residing in a long term care or nursing facility. In determining future settings for access to care, this data supports the need for prevention services at these settings and a strong indicator that additional PA 161 programs are needed at these facilities.

For children, the majority were seen in a school based/school linked program, (7203), with the second largest group being seen in clinics, (3640) and third in Head Start settings, (3570). Offering services directly to children at the facility where they spend the most daylight hours appears to be the best avenue for care through a PA 161 program.

Providing dental prophylaxis, placing sealants and fluoride varnish on high risk children has been proven to be one of the best preventive public health practices for preventing decay. There were 18,852 dental prophylaxis provided, most often in a school based setting. Dental sealants were placed on 4597 children with a total of 14,160 dental sealants placed. Fluoride varnish applications were also placed, with applications totaling 14,395 in a school based facility and over 3200 on Head Start children.

The purpose of a PA 161: Public Dental Prevention Program is to provide preventive dental services to children and adults who do not have access to traditional dental care. All programs should have a referral source that they can direct patients for needed care. The OHP requested that the PA 161 programs to keep track of how many people screened were referred for needed dental treatment. From the reports, 8448 people were referred to dental facilities for needed care. While it is more difficult to track if the patient received the needed care, 1745 were reported as receiving the care. Close to 11,000 people were referred to a dental home.

PA161 Advisory Committee:

The Oral Health Program Director, Christine Farrell, organized a new PA161 Advisory Committee in 2010. Meetings are held twice a year with MDCH-OHP hosting the meetings. The first meeting was held September 29, 2010. A second meeting was held April 27, 2011. This committee consists of approximately 25 people representing as many organizations with a vested interest in the PA161 Program. Members of the committee include representatives from the Michigan Board of Dentistry, the Michigan Dental and Dental Hygienists Associations, schools of dentistry, school based health centers, health departments, community clinics as well as independent PA 161 programs. A future recommendation is to include consumers as members as well.

At the initial meeting in September, the objectives and need for the committee were discussed by OHP Director Farrell. Responsibilities for the program were discussed and defined pertaining to MDCH, the Bureau of Health Professionals, and the Board of Dentistry. The Board of Dentistry makes its own recommendations which can be presented to the Advisory Committee to consider. While these actions will be taken by the Board of Dentistry if an issue pertains to law, the MDCH-OHP provides the final decision for the administration and any modifications to the program.

The Board of Dentistry had been working on some recommendations for the PA 161 program which were presented to the Advisory Committee. With input from the Advisory Committee and the MDCH-OHP here is what was decided for each recommendation:

- That dental hygienists participating in a PA 161 program have a minimum of 2,000 hours of clinical practice experience within the last five years.
This recommendation has been put on hold
- That the supervising dentist have either an active or volunteer license in the State of Michigan, that the license not be limited for disciplinary reasons, and that the dentist reside in the state 10 out of 12 months of the year.
This recommendation is now part of the application
- That the supervising dentist not supervise more than 25 hygienists at any one time.
This recommendation is now part of the application
- That language exists within the application process that even though it is not a law that hygienists and dentists carry liability insurance, it is encouraged that providers and supervising dentists do so.
This recommendation is now part of the application as “Proof of liability insurance is recommended for each provider”

Discussion was initiated regarding the need for a Memorandum of Agreement for referral sources from the applicants to the PA161 Program. The OHP met with the MDCH Legal Affairs to discuss the PA161 law interpretation. The law does not state that the applicants must provide referrals for care. Most of the Committee agreed that the need of referral for emergency care is indicated. This discussion was tabled for further research.

Another recommendation of the Advisory Committee was to concentrate on an evaluation plan for this program. An evaluation of the current program needs to be conducted. Who would do this and where the funds would come from to accomplish this is under consideration at this time. Analyzing the current data collected in this report could be the start of the evaluation process. An evaluation plan still needs to be developed and to develop the objectives for evaluation of this program and its effectiveness of the objectives. The annual PA161 Program report will be reviewed by this committee before finalized.

There was some discussion at the April meeting around the use of students in a PA161 Program. Students fall under different supervision protocols and may not need a PA161 program designation. The OHP and the Advisory Committee were unsure about adjunct faculty. Students and faculty may need more information on the PA161 Program process. There was discussion regarding a webinar to provide information to students and faculty.

There was discussion of the Michigan Dental Association (MDA), United Voice report, Recommendation #12, regarding the “2nd pair of hands” legislation. The Michigan Dental Hygienists Association is seeking legislative support to allow dental hygienists to supervise dental assistants during preventive services on special populations. This would greatly enhance the PA161 programs that provide dental sealants in school based settings.

This Committee also discussed enhanced reimbursement for PA161 providers and supervising dentists as a means to encourage more participation in the program. For those programs administered by FQHCs, this is already happening through their “wrap-around” rate. The Children’s Dental Health Project may have more information on this topic regarding contracting with FQHCs.

Application:

After much discussion and comments from Committee members, an update to the application was completed in September 2011. The Step by Step Guidelines are being reviewed and have not been finalized.

- The application is now in a standard MDCH form in an easy to fill out PDF format. It is currently available by contacting the MDCH-OHP at oralhealth@michigan.gov
- Support letters for referrals are recommended but not mandatory
- Required documents now include “Protocol for Child/Elder Abuse Reporting”
- The Data Report Form is presented as a separate document to the application.
- Each supervising dentist and all dental hygienists need to read and sign their own copy of the required supervision points.

Accomplishments:

- There are 53 PA 161 Programs compared to 47 last year, a 15% growth in the program
- 83% of the programs have returned usable data for this program compared to 61% last year
- Close to 20,000 children and 3000 adults were screened for oral disease
- Over 8000 people referred for needed care
- Over 14,000 dental sealants placed and over 25,000 fluoride varnish applications
- The MDCH Director delegated signatory authority to Christine Farrell, Oral Health Program Director, to approve the for PA 161 Program applications, increasing the turn around time for approvals
- New PDF formatted application that will remain standard for at least 12 months
- New Step by Step Guidelines for help in filling out the application
- New Program Directory posted on website
- Data Report Form posted on website
- Continued support from the Advisory Committee to guide and advise on protocols for this program

Evaluation:

An evaluation plan still needs to be drafted with the input from the Advisory Committee. For now, the OHP is using the numbers submitted on the Data Report Forms to measure the success. Until this program acquires permanent resources to support the administration and management of this program, the Oral Health Program will maintain the program to the best of their ability with limited staff support.

For questions or comments on this report or the PA 161 Program, please contact:

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