REASON TO SMILE:

Providing dental care for homebound patients

By Jean Bartlett

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On Friday morning dental hygienist Irene Hogan leaves her home in Pacifica and heads to her first patient's home.

Today she is visiting John in San Francisco who used to be an in-office patient, when he was still able to drive to the dental practice where Hogan works Monday through Thursday. But following a stroke in 2004 he became homebound. There are the twenty steps to John's front door and Hogan is carrying $5,000 worth of portable dental equipment that weighs in at 50 pounds.

Hogan is one of approximately 250 people who are licensed to serve as California Registered Dental Hygienist in Alternative Practice (RDHAP). In 2006 she received her RDHAP from University of Pacifica, San Francisco.

A RDHAP may perform the functions of a RDH (Registered Dental Hygienist) not requiring direct supervision of a dentist including: scaling, root planing and oral prophylaxis. A RDHAP may practice independently of a dentist in the following settings: residences of the homebound, schools, residential facilities and other institutions, and dental health professional shortage areas as certified by the Office of Statewide Health Planning and Development.

Entering the home of John and his wife, Hogan sees some moving of furniture is in order. She is right handed and John's hospital bed is too close to the wall. With help from the caregiver, Hogan moves John's bed to the center of the room.

"Getting frail, bedridden or medically compromised patients to their dentist takes tremendous efforts," says Hogan. "Traveling to a dentist can exhaust a patient to the point where they cannot tolerate a long appointment. Family members often cannot afford to take the time off of work to escort the patient. For patients with Alzheimer or dementia, being in their home environment when receiving dental care is especially important."

Most of Hogan's patients are either former clients, or they are the parents of clients. She always asks who is brushing the patient's teeth and asks that person to be present while she cleans the patient's teeth.

"For the caretaker to see where they may miss with brushing is worth a thousand words," said Hogan. Hogan explains each step of her work to the patient. For example, she lets them know her compressor will make some noise when she uses suction to rinse their mouth. For patients who cannot speak, Hogan learns from subtle signs when they need a break or when they have had enough.

"I have learned not to push my patients," said Hogan. "I know that anything I can do on a visit is better than no visit at all." After breaking down her equipment, making notes in her patient's chart and scheduling a next visit, Hogan has spent about 90 minutes. She is often then invited by relieved spouses to have a cup of tea. When time permits, she is happy to accept. Hogan says her job really makes her feel good. She knows she is making a positive difference.

RDHAPs came into being because Judy Boothby, RDHAP, BS Gerontology had the wherewithal to stand up and do something about a system which did not offer oral care solutions to patients who couldn't or wouldn't visit a dental office.

"Nearly 35 years ago, I was helping my family care for my father who was dying from a brain tumor at age 63," says Boothby, the Owner and Director of Dental Hygiene Out & About located in Fair Oaks.

"My father was in a Skilled Nursing Facility (SNF) and wore an upper and lower denture. Nobody was cleaning or taking care of his dentures. I worked for three dentists at the time and not one of them could or would help reline or adjust his dentures. I remember thinking that someday I would do something about this lack of care and I jumped at the chance to develop my own practice and establish a delivery oral care system for SNF residents."

In 1987, the office of Statewide Health, Planning and Development approved pilot project #139 to test the feasibility of the registered dental hygienist to practice independently of a dentist in the underserved areas of the state. Seventeen hygienists including Boothby participated in the project.

"The goal of this two-year project was to assess the ability of the RDH to deliver services in which they were already licensed in the State of California," says Boothby. "Could this be provided safely and be helpful to those residents who were unable to visit a dental office? Could this serve the citizens of the state in a positive way and be beneficial to the Skilled Nursing industry? Could the RDH make a living at having her own practice? This legislation was written to establish a new category of dental health provided for the state."

Enter the California Dental Association (CDA) who sued Boothby and the other hygienists to stop them from practicing in alternative settings.

“CDA accused us of practicing dentistry without a license,” Boothby says. Boothby went on to say that eventually project #139 was scrapped because the CDA argued that the state did not give notice of a public meeting to begin this project. The state was quick to replace project #139 with pilot project #155.

Meanwhile Boothby had begun to see patients in thirteen SNFs. However within one week of new pilot project #155 and the continued court pressures from the CDA, Boothby was told by all thirteen facilities that her services could not be used. In addition Boothby, who was substituting in various dental offices, was often politely given the door once her involvement in the pilot projects became known. Raising two daughters, ages 13 and 9 at the time, Boothby says the financial hardship was great.

In 1998, after over 10 years of wrangling, Governor Pete Wilson signed AB 560 (providing for the independent practice of “registered dental hygienists in alternative practice" in specified circumstances) into law and Boothby received the first RDHAP license.

Elizabeth Mertz, Program Director for the Center for the Health Professions, UCSF, directs a number of research projects which study the health care workforce, which includes trends in health professions practice. For the past 8 years, her main topic of research has been the dental workforce, with a particular focus on solutions that involve new or modified uses of the health care workforce to improve service delivery.

“RDHAPs are unique to California, although some other states do have similar allowances for dental hygienists to work independently, particularly Oregon which has a Limited Access Permit, and Colorado, which allows independent hygiene practice,” says Mertz. “The California law states that to become an RDHAP, candidates must have a baccalaureate degree (or equivalent), hold an RDH license, have 2000 hours of clinical practice in the past 36 months, complete a 150-hour accredited educational program and pass an examination on California Law and Ethics administered by the Committee on Dental Auxiliaries (COMDA), a subcommittee of the California Dental Board (CDB).”

Mertz goes on to say that RDHAPs are legally allowed to practice without supervision from a dentist. However, in order to get their license they must provide the State with a written documentation of a relationship with a dentist for consultation and referral.

“The law originally required all RDHAP patients to have a prescription for dental hygiene services,” says Mertz. “This was changed so that an RDHAP can see a patient for up to 18 months, but after that, they need a prescription from the patient’s dentist or physician in order to continue treatment. Both of these arrangements are unprecedented in health care, as all other providers are licensed only on qualifications, not practice arrangements. Likewise, preventive care does not usually require a prescription or referral, which tends to be used for specialty care.” Mertz’s health policy report on RDHAPs recommends that the State remove both requirements as impediments to patient access.

Mertz goes on to say that the traditional private practice dental delivery system works very well for about 2/3 of the population. However, for the other third which cannot afford care, cannot get to care, have complicated health care needs, are institutionalized or live in remote areas – the RDHAP is a solution.

“Neglect of oral health for anyone, but especially for the frail elderly, can lead to discomfort and pain, compromised health, unnecessary suffering and even death,” Mertz says. “Creativity and flexibility are needed to improve access to care for California’s diverse population, and innovations in care delivery such as the RDHAP should be encouraged and applauded,” Mertz added.

As to Judy Boothby, educator, guest lecturer and mentor for several California RDH schools, who runs her entirely mobile dental hygiene practice in the Greater Sacramento Area - changes to the stringent requirements attached to RDHAPs and subsequently their patients, still need to be made. “All patients that are treated by the RDHAP are referred to a dentist. To find a dentist that will come to the Skilled Nursing Facility in a timely manner and actually do treatment is like ‘pulling teeth.’ In this respect nothing has changed in the nearly 35-years that I made that promise to my father.”

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