Collaborative Dental Hygiene Practice in Community Settings

What is collaborative dental hygiene practice?

With mounting interest from dental hygienists seeking to serve populations with limited access to preventive oral health care, state law was passed in 2001 authorizing licensed dental hygienists to provide care in community settings. Schools and older adult residences are two of many settings in which a dental hygienist (with a collaborative agreement) may use their expertise to improve and promote oral health/access to care. The progression and advancement of this model is illustrated in The Minnesota Model: Advanced Dental Hygiene Practice Timeline.

[Dentist-dental hygienist] collaborative practice is different from and greater than [dentist-dental hygienist] collaboration. Collaboration is a single, temporal event that can occur intermittently in the day to day practice of health care. Conversely, [dentist-dental hygienist] collaborative practice is a dynamic process, a commitment to interact on a professional level that empowers the participants to blend their talent, to achieve a goal that neither can do alone. (Thomson, D.J., 1995. Physicians' perceptions of nurse-physician collaborative practice. Florida Atlantic University. MSN Dissertation.)

Forging Change as a Collaborative Practice Dental Hygienist: Click HERE for video (Whittier Clinic and Hennepin Healthcare Clinic, Minneapolis MN).

2018 Minnesota Statutes 150A.10 Allied Dental Personnel, Subd. 1a Collaborative Practice Authorization for Dental Hygienists in Community Settings

Who is a collaborative practice dental hygienist?

- A Minnesota licensed dental hygienist who has graduated from either a two or four-year dental hygiene program and entered into a written collaborative agreement with a dentist.

- In Minnesota, there is no official certification or credentialing required to work in this capacity. A dental hygienist working with a collaborative agreement in community settings does not carry additional credentials.

- Effective August 2017, no additional hours of practice are required prior to a dental hygienist working in a collaborative practice community setting.

Videos:

So You Want to be a Public Health Dental Hygienist? Working in a School Setting. Click HERE for video (Massachusetts Department of Public Health).

So You Want to be a Public Health Dental Hygienist? Making a Difference: Serving Seniors Click HERE for video (Massachusetts Department of Public Health).
What is a collaborative agreement and how do I obtain or develop one?

Extending preventive and therapeutic dental care to people in need may be accomplished through the use of qualified dental hygienists who have entered a legal "collaborative agreement" with a licensed dentist. This written agreement provides protocols and authorization for services provided by a licensed dental hygienist in settings specified by law and when a dentist is not present on site. It also includes provisions for a licensed dental assistant to provide some services when working with the dental hygienist under the collaborative agreement.

Any Minnesota dentist may enter into a collaborative agreement with a licensed Minnesota dental hygienist if all stipulations are met under Minnesota Statute 150A.10, and all agree to the terms. Click [HERE](#) to download a collaborative agreement template developed by the Minnesota Dental Association and reviewed by the Minnesota Board of Dentistry. Each collaborative agreement is unique to the community setting in which the practice will take place. However, the content must align with applicable laws and rules and be based on the agreement between practitioners.

A collaborative agreement must include:

- Consideration for medically compromised patients and medical conditions for which a dental evaluation and treatment plan must occur prior to the provision of dental hygiene services
- Age and procedure-specific standard collaborative practice protocols, including recommended intervals for the performance of dental hygiene services and a period in which an examination by a dentist should occur
- Copies of consent to treatment form provided to the patient by the dental hygienist
- Specific protocols for the placement of pit and fissure sealants and requirements for follow-up care to assure the efficacy of the sealants after application
- A procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist. This procedure must specify where these records are to be located, and
- Must include a referral system for additional services needed and a dental exam by a dentist

In addition, the collaborative agreement must be:

- Signed and maintained by the dentist, dental hygienist and facility, program or organization.
- Reviewed annually by the collaborating dentist and dental hygienist
- Made available to the Minnesota Board of Dentistry upon request.

Click [HERE](#) for information on how other states carry out "direct access" to dental hygiene services. American Dental Hygienists’ Association.

Why should a dental hygienist consider collaborative dental hygiene practice?

Because of many barriers to oral health care for underserved populations, it has become increasingly evident that dental providers, like dental hygienists, need to provide services in non-traditional settings in order to access those in need. Collaborative practice authorization in community settings allows dental hygienists to provide their scope of practice to more people and to arrange for follow up care as needed. With an increase in utilization of this model, it is anticipated that more people will access preventive services and be guided in finding a dental home.
How do I become a collaborative practice dental hygienist?

In this practice model the dental hygienist must enter into a collaborative agreement with a dentist to provide authorized oral health care services typically in settings other than a traditional private practice dental office, without the on-site presence of a dentist. The level of supervision and services are stipulated by this agreement with specific authorization according to Minnesota Statutes 150A.10, Subd. 1a.

Must a collaborative agreement be registered?

To date there is no mandatory reporting for these collaborative agreements. According to current Minnesota law (150A.10, Subd. 1a), a collaborative agreement "must be made available to the board (Board of Dentistry) upon request". The Board of Dentistry along with the Minnesota Department of Health is in the process of developing a reporting mechanism for these agreements.

Although there is no mandated registration, in the future, data collection on collaborative agreements would provide the public, professional organizations, and policy makers with information regarding the number and location of dental hygienists and licensed dental assistants practicing with collaborative agreements throughout the state. This number is growing annually and, as people register their agreements, the data will more accurately reflect the extent of agreement activity.

Where and which populations do collaborative practice dental hygienists serve?

In 2001, Minnesota Statute 150A.10, Subd. 1a Limited Authorization for Dental Hygienists was enacted authorizing dental hygienists who hold a collaborative agreement to provide oral health care services in settings other than a traditional private practice dental office, without the on-site presence of a dentist.

Effective August 1, 2017, MN Statute 150A.10 Subd. 1a was renamed "Collaborative practice authorization for dental hygienists in community settings." Enactment of the legislation further defined practice settings: a health care facility, program, or nonprofit organization includes a hospital, nursing home, home health agency, group home serving the elderly, disabled, or juveniles, state-operated facility licensed by the commissioner of human services or the commissioner of corrections, and federal, state, or local public health facility, community clinic, tribal clinic, school authority, Head Start program, or nonprofit organization that serves individuals who are uninsured or who are Minnesota health care public program recipients. New amendments to the law also expanded practice settings and removed clinical experience requirements. Click HERE for Minnesota Statutes 150A.10.

What is a licensed dental assistant authorized to do when working with a collaborative practice dental hygienist in a community setting?

Effective August 1, 2017, a licensed dental assistant working in a community setting may provide some of their scope of practice under the direction of a dental hygienist who holds a collaborative agreement with a Minnesota licensed dentist. The dental assistant authorization is included in the dental hygienist's collaborative agreement. Click HERE for Minnesota Statutes 150A.10.

Enrollment: Provider Basics

Click HERE for Dental Hygienist (CPDH) Enrollment Criteria and Forms and information regarding dental hygienists providing services in community settings for Minnesota Health Care program (MHCP) recipients (Medicaid/Medical Assistance).
What is the history of collaborative dental hygiene practice?

Historically, dental hygiene was created as a distinct profession positioned in dental public health. Wide access to preventive care provided by educated dental hygiene professionals was the incentive leading Dr. Alfred C. Fones to educate the country's first dental hygienist, Irene Newman. "Dental hygiene opens up paths of usefulness, activity, and inspiration hitherto undreamed of, allying her with the workers of the world who are helping humanity in masses". *

Emphasis was placed on the dental hygienist as an outreach worker to bring patients in need of restorative dental care-- in particular school children-- to private dental practices. The effectiveness of the care provided in communities and schools by a dental hygienist quickly spread to the private dental practice. Consequently, for decades most dental hygiene positions have been held in private employment settings.

For various reasons, access to oral health care in a private practice setting by certain populations has become difficult. Our nation's health care leaders are quickly realizing the important connection between oral health and total health. Being part of a health care profession that is truly focused on prevention as its core foundation, dental hygienists are well-placed to play a key role in expanding the delivery of health care services to prevent and help treat disease while it is still manageable. As our nation's health care system struggles to provide effective care for all of its citizens, this is an important time for dental hygienists to adopt a holistic view of health care and fill new roles to provide equal access to oral health care. An essential first move is for dental hygienists and dentists to reflect to the time when dental hygiene was introduced as a "public" health profession and the impact that it made. Collaborative practice dental hygienists in Minnesota are playing active roles in the delivery of care to Minnesota Health Care Program enrollees and to the growing number of un-insured populations in a range of settings, e.g. schools, public health clinics, mobile dental units. Emphasis by both dental hygienists and dentists is now wisely being placed on interdisciplinary health care delivery options. As one of the top ten fastest growing health professions in the country, the dental hygiene workforce is well positioned to effect change as our health care system seeks to improve and streamline the delivery of oral health and total care for all. **

*Nathe, C. (2011). The Other Professionals: How Dental Hygienists Are in a Position To Work Within a Health-Care Team. RDH Magazine. Click HERE


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