

FAQs on Access Practice Agreements (APAs)

(Prepared by the IDHA Legislative Committee)

Will the APA change anything for Dental Hygienists (DHs) working in private practice?

HB1116 was designed to impact access to care outside of private practice (PP). PP offices will still be able to utilize prescriptive supervision.

How does a DH, who enters into an APA contract, benefit?

- Increases career longevity for the DH by allowing him/her to consider a non-traditional dental hygiene setting
- Increases career satisfaction by alleviating the monotony of private practice
- Allows a DH that has had a long-standing professional relationship with a Dentist (DDS) to work as an extension of the existing practice
- Makes DH more competitive with peers in other states and increases the dental hygiene equity for the state of Indiana
- Expands intra-professional collaboration between dental professionals and other health care providers
- Increases access to dental hygiene services in areas of Indiana with the most need, especially those that may not have had easy access to dentistry before

What are some of the most beneficial aspects of this for the DDS who enters into an APA contract?

- Affords a better community presence in some of the non-traditional settings
- Provides an increased revenue source (sending a tenured Dental Hygienist out into the community and treating/drawing in patients)
- Offers intra-professional collaboration
- Provides access to care
- Allows Indiana DDSs to be competitive with Dentists in neighboring states

Is there a right or a wrong way to practice under the APA?

It's hard to say what "right" looks like because each setting will be different/unique. If there is a particular setting in which a DH is considering an APA, the best way to be involved is to follow *Friends of the Indiana Dental Hygienists' Association* Facebook page, the ADHA Facebook page, and consider taking continuing education courses on direct access when they are available. As programs are developed in Indiana and as more direct access information and tools become available, IDHA will continue to update its members.

What are the guidelines/requirements/expectations of an Access Practice Dentist (APD)?

Two primary *guidelines* include stipulations that the APD is required to have an IN license and must either live in or have an office in the same or adjacent county. The only *expectation* is that in an emergency situation the APD is required see the patient.

Are there requirements of the Access Practice Dental Hygienist (APDH) concerning the relationship she/he has with the APD?

Although not outlined in the law, it is recommended that the APDH meet with the collaborating DDS periodically and set aside time for patient chart review. As long as an APDH reviews his/her APA every two years, there are no legal requirements for the relationship.

Will a Dental Hygienist be required to go through an initial training prior to working under HB1116?

No. Dental Hygienists only have to meet the two-year/2,000-hour requirement just as required for prescriptive supervision. It is strongly suggested that Dental Hygienists attend an APA continuing education event so that both parties are aware of the fine details for an APA.

Will the APDH be required to take additional CEs above what is currently required between license renewal periods?

No. That is part of the reason Indiana increased IDHA's required CEs in 2016.

If the relationship between the APD and APDH ends, would the patient records stay at the public health facility?

In certain situations (for example where you have a dental facility as opposed to someone that works with a school corporation), the records would stay at the health facility unless the APD really wanted all the information in their alternate practice. In many other situations, the records will belong to the APD (electronic record keeping).

Does the APD get a copy (even if she/he never sees the patient) of all patients or just the patients that were seen by the APDH during the APA period?

This would depend on what the APA agreement is with the facility. This would be more appropriate for the APD, APDH, and facility to decide. The APA will not outline this as it is site-specific.

Is there something special that needs to be noted in the patient's chart when working under the APA?

No, nothing that is outlined in the legislation; however, if the APDH has the ability to create a no-charge APA code JUST for record keeping purposes, that's not a bad idea. It will also help the APDH track how beneficial the APA is for the facility AND help prioritize patients when the APD or another DDS is available.

Must the APDH get approval from the APD prior to touching the patient?

The APA is the approval. If the APDH reviews the medical history and feels it's unsafe to treat the patient, she/he can always defer to the APD (the benefit of electronic record keeping). If the APDH starts the screening process and feels it's unsafe to complete the screening or render treatment, she/he can defer to the APD.

Is there an official overall contract that needs to be written up between the APDH and APD? If so, who provides it?

There is not a specific contract: however, IDA and IDHA have a contract available. It can be found under the IDHA's APA section on the website: www.indiana-hygienists.org.

Is there some form of Dental Hygiene Prescription that must be signed by the APD?

This is not required. However, an APDH is required to provide written documentation to the patient for the services provided. The APA allows for preventive therapy; for procedures outside the preventive (D4341 for example), the APDH must provide a prescription after reviewing the patient's electronic chart.

My understanding is that the APD must be available by phone when the APDH is seeing patients. What would the scenario be where this would be needed? Are there certain parameters where the APDH is required to contact the APD or only if they feel the need to confer with the APD?

See Dental Hygiene Prescription question above. The biggest situation would be medication prescribing or a medical emergency in the setting (if following proper medical review, this really should be a non-issue). The contract can limit certain procedures if the APD doesn't want them doing something without conferring first. Remember, the APD is still the Dentist and retains the right to decide what can or can't be done.

Can an APDH take radiographs under an APA? If so, is there a timeframe when the APDH must share them with the APD?

Yes, radiographs are allowed under an APA. The timeframe is based upon insurance billing practices, if they apply.

Is the patient required to have a comp or periodic exam after a certain timeframe before the APDH can continue to provide services for that patient?

Scenario: The APDH sees a patient for a prophylaxis, recommends the patient see a DDS (does not have to be the APD) for a comp/periodic exam; three to six months later, the patient is due for a prophylaxis or perio maintenance but has not had an exam. In this scenario, the APD and APDH can decide in their contract, but we do highly encourage that the individual see a dentist for a full exam as soon as they are able.

Can the APDH continue to provide services for that patient?

This is something the APD and APDH can decide in their contract. It depends on the patient, the location, and the gravity of the possible exam findings.

Can an APDH see a new patient to get all the diagnostic data collected: radiographs, dental & perio charting, work up a treatment plan (Dental Hygiene Diagnosis), provide hygiene services and then have the patient visit the APD for a comp exam?

YES! This is EXACTLY what the APA is designed to do! The APDH can render preventive therapy without prior authorization, as outlined in the contract.

What if the patient needs Scaling and Root Planing (SRP)?

The APDH collects the periodontal charting measures, radiographs, and gingival tissue description and then may share this information electronically with the APD. The APD can then electronically inform the APDH the diagnosis and recommended procedure. SRPs must be diagnosed by a DDS and cannot be performed by an APDH without authorization from the APD. If the APD is unable to evaluate all the data collected electronically on that day, the APD may also review the patient's chart at another date/time, and the APDH can return to treat that patient (provide SRP) after receiving authorization from the APD.

Can a DH diagnose periodontal disease?

No. While Dental Hygienists in Indiana are highly trained, under current Indiana law, diagnosing is outside of a Dental Hygienist's scope of practice.

What treatment can be planned without a comprehensive/periodic exam?

- Any preventive service not excluded in the APA
- Any service that is prescribed by the APD/DDS
- Any service (except local anesthesia) that is within an Indiana Dental Hygienist's scope of practice
- Specifically:
 - Child & Adult prophies: Yes
 - Fluoride treatments: Yes
 - Pit & Fissure Sealants: Yes, *if prescribed by a DDS*
 - Silver Diamine Fluoride D1354 (for caries arresting): Yes, *if prescribed by a DDS* for sensitivity or fluoride
 - D4346 Scaling in the presence of generalized gingivitis: Yes
 - D4355 Full mouth debridement: Yes
 - D4341 or D4342 Scaling and Root Planing: Yes, *if prescribed by a DDS*
 - D4910 Periodontal Maintenance: Yes, *as long the patient has had a diagnosis for periodontal therapy that has been completed*
 - Suture removal: Yes, *if prescribed by a DDS*

Can a Dental Assistant assist an APDH under the APA?

- Yes, with limitations:
 - Take radiographs: No
 - Suction: Yes
 - Give fluoride treatments: No
 - Coronal polishing: No
 - Document and Chart on behalf of the APDH: Yes