

MINNESOTA'S 21ST CENTURY DENTAL TEAM

Collaborative Dental Hygiene Practice

Frequently Asked Questions (FAQ)

Q: Can a dental hygienist who is not associated with a dentist/dental practice provide clinical dental hygiene services in community settings without a written collaborative agreement?

A: No. A dental hygienist needs to have a written collaborative agreement in place to provide clinical dental hygiene services in a community setting. MN Statutes 150A.10 Subd. 1a (1).

Q: Can a dental hygienist who is employed by or works for a dentist/dental practice provide clinical dental hygiene services in community settings without a written collaborative agreement?

A: No. A dental hygienist needs to have a written collaborative agreement in place to provide clinical dental hygiene services in a community setting. MN Statutes 150A.10 Subd. 1a. (a)(1).

Q: Is there a point at which a site such as a nursing home, Head Start center etc. is considered a component (some might say a 'satellite') of a dental practice and therefore the clinical care would be considered as dental hygiene services provided under general supervision?

A: No. Nursing homes, Head Start centers etc. are examples of “community settings” (MN Statutes 150A.10 Subd. 1a (e) and should not be considered a component or “satellite” location for a dental practice, unless the site is permanently set up as a dental clinic and serves no other purpose than delivering dental services in that location.

Q: What is the maximum number of dental hygienists with whom a dentist may enter into a collaborative agreement?

A: A collaborating dentist ... may enter into a collaborative agreement with no more than four dental hygienists unless otherwise authorized by the [Minnesota] board. MN Statutes 150A.10 Subd. 1a (b)

Q: With how many dentists can a dental hygienist enter into a collaborative agreement?

A: A dental hygienist may have collaborative agreements with any number of dentists—often determined by the community sites they serve.

Q: Some mobile programs serve many buildings/sites. Does the law require the mobile program to identify in the collaborative agreement every site, e.g. school building(s), Head Start center(s), nursing home(s), etc. served by the mobile program? Or, does the collaborative agreement only require the name of the setting or organization being served to be listed?

A: The statute is grey in this area, i.e. “The collaborative agreement must be signed and maintained by the dentist, the dental hygienist, and the facility, program, or organization.” (MN Statutes 150A.10 Subd. 1a (c)(1). Attaching a separate document to the dental hygienist’s collaborative agreement is a way to keep the list of sites served current for the required annual review of the collaborative agreement and available, should it be requested by the Board.

Q: What are the benefits (tangible and intangible) to a dentist signing on as a collaborative practice

dentist?

A: In addition to increasing access to dental care, entering into a collaborative agreement provides an opportunity to innovate with other dental professionals to create a more sustainable dental delivery system. With collaborative dental hygiene practice (CDHP) models, dental professionals can meet patients where they're at—whether it's in a school, a nursing home, a memory care facility, hospital, etc. As a result, more people will get the care they need. CDHP allows a dentist and dental team to provide services to the community and extend the reach of their work.

The tangible benefits to entering into a collaborative agreement will vary depending on organizational structure and could include increased revenue for the dental practice if it is structured that way.

The intangible benefits may include increased job satisfaction, brand awareness, and customer/patient loyalty. Dental practices that engage in CDHP with their existing staff could also see intangible benefits in increased employee morale and retention. Utilizing collaborative practice provides a unique opportunity for dental teams to come together with a common purpose and passion to create innovative paths inside dentistry.

Q: Does a dental hygienist need a collaborative agreement to participate in public 'screening' events such as Head Start or WIC clinic screening; Minnesota Department of Health state-wide Basic Screening Survey (BSS); community events, etc. that may result in a referral but “does not include the establishment of a final diagnosis or treatment plan for a dental patient”. *

A: A dental hygienist does not need a collaborative agreement to participate in public health-focused “screening” events.

Q: Is registration of my collaborative agreement with the Board of Dentistry required or is it just recommended?

A: The Minnesota Board of Dentistry maintains an online portal through which collaborative agreements are registered <https://mn.gov/boards/dentistry/current-licensee/collaborative-agreements/>.

Submission of the written agreement is not required although as stated in MN Statutes 150A.10 Subd. 1a (c) (3), the Board may, at any point, request to see the agreement. Additionally, the Minnesota Board of Dentistry should be informed when/if a collaborative agreement is dissolved.

Q: Does a dental hygienist who works in a traditional dental practice in which a dentist is the owner or on staff, need a collaborative agreement to provide services within their scope of practice at times/on days when a dentist is not present in the office?

A: No, a dental hygienist working at a dental office while the dentist(s) are not present can work and deliver services under general supervision as detailed in the dental hygiene scope of practice. <https://www.revisor.mn.gov/rules/3100.8700/>

Q: Does a dental hygienist need a collaborative agreement in order to “see new patients first” i.e. to initiate preventive services/take radiographs in the dental office when a dentist is either onsite or away from the office?

A: A collaborative agreement was never intended for nor appropriate to be used within a traditional dental practice, particularly when a dentist is onsite. Office protocol/general supervision standards describing determination of need for and exposure of radiographs guided by the ALARA principle- as low

as reasonably achievable- should be clearly communicated to all staff.

<https://www.revisor.mn.gov/rules/3100.8700/>

Q: How often does a dental hygienist practicing in a community setting need to take a medical emergencies course?

A: The continuing education cycle for all dental hygienists follows a two-year license renewal timeframe, no matter the type of oral health setting/program in which the DH practices. The medical emergencies continuing education requirement is specifically spelled out for dental hygienists working in a community setting, i.e., (2) has documented completion of a course on medical emergencies within each continuing education cycle. MN Statutes 150A.10, Subd. (a) (2).

Q: Is a collaborative practice dental hygienists' work limited to a certain target population?

A: The opportunity for dental hygienists to provide care in community settings was developed in 2001 with the intention to serve uninsured and underinsured Minnesotans, in particular those persons enrolled in Minnesota Health Care Programs, who experience(d) barriers/difficulty in accessing oral health care services. MN Statutes 150A.10 Collaborative Dental Hygiene Practice in Community Settings does not stipulate a requirement for target population served.

Q: As a collaborative practice dental hygienist, I have a written agreement with a dentist who will be away from work for a period of time. If a collaborating dentist is, for example, on maternity or medical leave, can I continue as usual with services in the schools or do I need to find a different dentist to sign a collaborative agreement?

A: If the collaborative dentist is willing to remain in the relationship and communicate with you during their leave, there doesn't seem to be a reason why they couldn't continue as the collaborative dentist with your program. Consider meeting with the dentist before they go on leave to discuss that they will be available by phone for questions/collaboration if needed during this time. Immediately following the discussion, you may want to add a note to your collaborative agreement document describing what you and the dentist talked about. To plan in advance if a chart review or urgent answer is needed during the extended leave, the dentist may consider naming a colleague for this purpose, although not required by MN Statute 150A.10.

Q: What is the liability to the dentist in signing on as a collaborative practice dentist?

A: The following response was transcribed from Coffee Talk 3: Unravelling the Challenges: Part II; time stamp 4:15... <https://tinyurl.com/vyrjkg4>

Liability for Services Provided by the Collaborative Practice Dental Hygienist:

"Another thing that comes up often on the business side of collaborative dental hygiene practice is the issue of liability. The law doesn't speak directly to this. There is nothing in the language that states who is liable for the patient outcomes. But as with any clinical situation, we assume that it's both the dentist who's collaborating with the dental hygienist, as well as the dental hygienist who is responsible for patient outcomes.

[In Minnesota], there really is no mandate for a dentist or a dental hygienist to carry liability insurance. And often dental hygienists are covered under their employer's plans. But we highly recommend that a dental hygienist carry their own liability insurance, even if they are covered under their employer. There

are good reasons for that." For further information, a dental hygienist may want to discuss professional liability coverage with an expert who works in that field.

Q: What strategies can you suggest when seeking a collaborative dentist? My long-standing dentist stepped down.

A: Refer to the document titled *Creating a Dentist-Dental Hygienist Collaborative Relationship*, found in the 21st Century Dental Team website.