SCDHA Core Ideology – Lead the transformation of the dental hygiene profession to improve the public’s oral and overall health

SCDHA Vision – Dental hygienists are integrated into the healthcare delivery system as essential primary care providers to expand access to oral health care

SC Dental Hygienists as Primary Care Providers Expanding Access and Improving Health

SCDHA was instrumental in the pursuit of our “core ideology and vision” by expanding the scope of practice for dental hygienists in public health settings in January 2018. Dental hygienists can now perform primary preventive care that includes Caries Control Technique (CCT)/Intermediate Restorative Technique (IRT)/Atraumatic Restorative Technique (ART) and therapeutic sealants in public health settings.

With the dental hygiene scope expanded, the Blue Cross Blue Shield Foundation of SC awarded SCDHA a grant to train practicing dental hygienists and the faculty of all accredited dental hygiene programs to facilitate immediate implementation and incorporation into the dental hygiene curriculum. Twenty-nine practicing RDHs have already been trained and two more trainings will be scheduled before the end of the year. The RDHs practice in nursing homes, schools, clinics and prisons. Data will be collected to track the cost savings and health outcomes.

Dental disease is the second costliest disease to treat in the United States, only surpassed by Heart Disease. It affects all age groups and is significantly more prevalent in minority populations and those populations living in poverty. Over 40 years of research supports the new scope of practice. It can greatly reduce pain and suffering and the spread of tooth decay within families and our communities.
SMART Management of Tooth Decay: -- Silver Diamine Fluoride (SDF) followed by Atraumatic Restorative Technique (ART)

Tooth decay is a contagious disease. SMART is a drill-less treatment for tooth decay and the reduction of pain. It combines SDF and ART. SDF is a clear liquid applied to a tooth for 60 seconds. SDF has been used globally for decades and was cleared for use by the U.S. FDA in 2014. ART is the application of a glass ionomer over tooth decay. It is done after the application of SDF and has over 40 years of supporting research.

It has been determined that cavity treatment with SMART is appropriate since access to dental care is not always available and the needs are great. Rather than sending anyone home with active disease, we stop the disease progression with a SMART treatment.

Benefits of SMART
- SMART stops the progression of cavities
- SDF stains visible and hidden tooth decay making it easy to see
- Is a No Needle/No Drill alternative
- SMART treatment can stop tooth pain
- No known side effects other than cavity staining by SDF
- ART involves placing a glass ionomer material (tooth colored) over the arrested tooth decay to fill in the area of missing tooth, increase cavity protection, and improve appearance
- Causes less damage to teeth than traditional fillings resulting in less nerve damage (abscessed teeth)

What to Expect
- SDF only stains cavities, not healthy parts of a tooth
- Treatment stops the spread of disease
- The tooth staining associated with SDF can take days to appear. If SDF inadvertently touches your child’s skin, you will see temporary tattooing. This is not a health concern and will fade on 2-3 days

- Teeth that cannot have SMART will need care by a dentist and will be noted on take home letter

SDF before ART  After ART
January 24, 2018

Tammi O. Byrd, RDH - Chair
SC Dental Hygienists Association
Council on Regulation and Practice
125 Laurel Branch Way
Columbia, SC 29212

Dear Mrs. Byrd,

This letter is written to confirm that the SC Board of Dentistry voted affirmatively (9-1), on Friday January 19, 2018, to include Atraumatic Restorative Technique (ART)/Intermediate Restorative Technique (IRT)/Caries Control Technique (CCT) and therapeutic sealants as services allowed by dental hygienists in public health settings. This vote was taken to clarify what services are considered “primary preventive care that is reversible” as referenced in South Carolina Statute 40-15-110 (A) (10).

Sincerely,

Rita A. Melton, DMD
Administrator, SC Board of Dentistry

Table 1: Public Health Prevention Program Authorized Services

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Dental Hygienist</th>
<th>Expanded Duty Dental Assistant</th>
<th>Dental Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral prophylaxis and assessment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Application of topical fluoride including varnish</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Application of dental sealants</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oral Screenings using DHEC approved screening system</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ASSIST in the delivery of public health dental program services as defined in 40-15-110(E) (listed above)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Perform other duties authorized by regulations of the State Board of Dentistry</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Education and primary preventive care that is reversible as defined in 40-15-110 A. (10). Atraumatic Restorative Technique (ART)/Intermediate Restorative Technique (IRT)/Caries Control Technique (CCT) and therapeutic sealants are considered reversible when done without prior removal of all decayed tooth structure.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

* SC Statute only allows dental assistants to work under direct supervision.
Comprehensive Prevention
Caries Control Technique (CCT)/ART

The Facts

- A ten (10) year randomized control trial compared traditional amalgam restorations that removed all decay to composite restorations over untreated decay.
  - The results demonstrated that decay does not have to be removed prior to filling.

- Additional studies indicated that complete caries removal leads to significantly increased pulp (nerve) exposure and its sequelae. (ABSCESSED TEETH)

- ART was found to be equal to or superior to amalgam (silver) restorations and had good longevity.

- Clinically experienced dental auxiliaries performed equally well as compared to dentists, without supervision.

- There is no need for local anesthesia (numbing) and never the need for sedation

- The cost is less than 1/3 - 1/2 that of the smallest filling.
Is Comprehensive Prevention High Quality?
Institute of Medicine Quality Aims

<table>
<thead>
<tr>
<th>IOM Quality Aims</th>
<th>Comp Prev</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Yes</td>
<td>&lt; 1 / 2000</td>
</tr>
<tr>
<td>Effective</td>
<td>Yes</td>
<td>Tx + Px 2/3 Reduction</td>
</tr>
<tr>
<td>Patient centered</td>
<td>Yes</td>
<td>Care to kids</td>
</tr>
<tr>
<td>Timely</td>
<td>Yes</td>
<td>1 visit</td>
</tr>
<tr>
<td>Efficient</td>
<td>Yes</td>
<td>20-30 Minutes</td>
</tr>
<tr>
<td>Equitable</td>
<td>Yes</td>
<td>Increase access + Decrease costs</td>
</tr>
</tbody>
</table>

**Change in Acute Infections**

Each symbol = average of ~2,000 students
Impact of Integrating Single Caries Preventative in Existing Health System

Impact of Integrating Multiple Caries Preventatives in Existing Health System
It **should** be alarming that an increase in access may result in increased treatment of non-carious teeth, an increase in caries risk because of more restorations placed, inappropriate dental material choice and possibly an increased need in future dental needs that could be averted through more intense and earlier primary prevention.

Johnathan D. Shenkin, DDS, MPH


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**OVER TREATMENT COSTS EVERYONE**

January 11, 2017

The U.S. Department of Justice said a $23.9 million voluntary settlement has been reached with Benevis LLC and Kool Smiles Dental Clinics after allegations surfaced claiming medically unnecessary services were performed on children.

February 15, 2016

Brenda Miller was shocked to pick her son up from school and find out he had 3 teeth filled by CareSouth Carolina. She had not authorized them to provide care and the child’s dentist had just told her the teeth were going to fall out and did not need to be filled.

**Children are forced to have unnecessary care and taxpayer/private payers money is used. This money could cover services that are needed.**