COMMONWEALTH OF MASSACHUSETTS

SPECIAL COMMISSION ON ORAL HEALTH MEETING

WORKFORCE SUBCOMMITTEE

Tuesday, February 4, 2025

Via Microsoft Teams

12:30 PM

General (Open Session) Meeting Minutes

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| Commission Members  Present: 9   1. Chair: Abdullaibrahim Abdulwaheed 2. Hussam Batal 3. Alec Eidelman 4. Marcy Foreman 5. Catherine Hayes 6. Michelle Henshaw 7. Emma Lawson 8. Catherine Nwachukwu 9. Barbara Young |
| Commission Members  Not Present: 1   1. Nithya Ramesh |
|  |
| Staff Present:1   1. Angela Verheyen |

**I. Welcome**

**II. Call to Order | Determination of Quorum**

Time and call to order 12:33 PM by Abdullaibrahim Abdulwaheed

#Present: 9

1. Chair: Abdullaibrahim Abdulwaheed
2. Hussam Batal
3. Alec Eidelman
4. Marcy Foreman
5. Catherine Hayes
6. Michelle Henshaw
7. Emma Lawson
8. Catherine Nwachukwu
9. Barbara Young

# Absent: 1

1. Nithya Ramesh

# Recused: 0

# Abstained:0

**III. Approval of Agenda**

DISCUSSION

Review the posted agenda; no changes

ACTION

Motion by Abdullaibrahim Abdulwaheed to approve the agenda, Hussam Batal seconded and unanimously approved by a roll call vote as follows:

#Present: 9

1. Chair: Abdullaibrahim Abdulwaheed
2. Hussam Batal
3. Alec Eidelman
4. Marcy Foreman
5. Catherine Hayes
6. Michelle Henshaw
7. Emma Lawson
8. Catherine Nwachukwu
9. Barbara Young

# Absent: 1

1. Nithya Ramesh

# Recused: 0

# Abstained:0

Members who join late:

* Nithya Ramesh at 12:09 PM

**IV**. **Work on the Plan for Developing an Oral Health Needs Assessment**

DISCUSSION

* The chair shared the workforce survey questions for dentist and dental hygienists which are administered during the licensure renewal process. Subcommittee members discussed the survey questions and related data.
* Dental hygienists are renewing their licenses right now.
  + The Board of Registration in Dentistry has received inquiries from dental hygienists about being unable to move through the online renewal survey, precisely question 14 which asks how many service locations the hygienist practices at. The survey would not allow a response of “0” but this has been fixed. This is for hygienists who are not practicing but want to keep their license in Massachusetts.
  + The survey for dentists should be reviewed to ensure this question is fixed for their next renewal cycle.
* Do we know the number of hygienists who have answered zero for this question?
  + The Board does not track practice locations. There are approximately 8000 hygienists who need to renew, but the workforce survey is voluntary, so we will only get a percentage of the 8000 answering the questions.
* The renewal survey may satisfy some of the data the subcommittee wants, so the previous meeting minutes should be reviewed. T
* This includes race and ethnicity information about dental providers.
* There has been an effort across all 21 licensing boards to remove stigmatizing or invasive questions like ethnicity, race, and gender have been removed.
* This information continues to be collected in the re-licensure survey. The language has just been updated to ensure it is appropriate.
* What is the distribution of specialties in the state?
* Dental anesthesiologists are now an approved specialty by the American Dental Association (ADA). The survey for the next renewal cycle should be updated to track what specialties we have, and the distribution and hours specialists serve communities.
* Massachusetts does not issue dental specialty licenses
* Current Survey Questions ask:
  + Is your practice limited to ADA specialties? How many years have you been practicing? What is your employment status, full or part-time? If you are unemployed, what is the reason? How many hours per month do you volunteer, and in what locations do you practice?
  + How many hours do you practice?
  + Question 19 in the survey breaks down the number of hours for different functions
  + The hygiene survey is like the dentist’s survey; we can determine the distribution.
  + Data derived from the survey will answer the questions from the last meeting.
* In Massachusetts, The Board of Registration in Dentistry defines what a specialist is.
* A review of the Office of Oral Health updates highlighting the dental workforce slide was reviewed, looking at the following areas
  + Race and ethnicity and recommendations to benefit the state population
  + Female to male dentist ratio
  + A significantly younger population of dentists vs older
  + Speaking languages needs a more diverse workforce of dentists
  + 2014-2022 survey shows dentists need further training to treat patients with disability
* The subcommittee agrees the data derived from this survey will answer some of the questions from the last meeting
* Neither the hygienist nor the assistants were highlighted in the shared PowerPoint presentation. There is no dental assistant survey attached to the dental assistant renewal process.
  + Recommendation to create a survey for Dental Assistants
  + The Office of Oral Health is in conversation with the Health Care Workforce Center about creating a survey for dental assistants.
* There are approximately 8000 licensed dentists, and the survey for 2022 shows actively practicing dentists, 6300 and 5200 of those responding to the survey. A significant number of dentists completed the survey.
* The subcommittee discusses the Board of Registration in Dentistry 2025 updates and hot topics, including:
  + House bill 4842 was passed to allow Limited licensed dentists (LLD) to practice as dental hygienists
  + There is a Board of Registration in Dentistry meeting tomorrow (2/5/2025) to formally create a workgroup to review the dental hygiene license statute and determine what needs to be changed in the regulations to issue dental hygiene licenses to limited licensed dentists
  + The 2027 dental hygiene license renewal workforce survey should be updated to reflect the new dental hygiene licensure for LLD
  + There are two competing licensure compact agreement bills for dental hygienists, and 2 legislators have supported two bills. Questions about licensure compacts should be added to the 2027 dental hygienist licensure survey. Are MA dental hygienists using compact privileges in another compact state?
    - This is not a special license; it is called a compact privilege to practice in another compact state.
* There are four other states interested in adopting the compact license.
* The subcommittee reviews the questions from the last meetings and determines if/how the renewal surveys will help answer some of these questions. If the survey will not, there will be other data and databases that will help guide data requests to answer those outstanding questions. Additional data and databases discussed include:
  + Available workforce-based Medicaid data and other data (will get this information from workforce survey data (WSD)
  + geographical data by provider specialty and then license type (WSD)
  + Where certain CPT (Current Procedural Terminology) codes (not CDT Current Dental Terminology) are being performed by geography (survey will not answer)
  + oral surgeons (CHAI) (MassHealth)
  + All payers claim database for the distribution of specialty care that bills medical codes and dental codes
  + MassHealth will have data on CPT codes and CDT codes, along with diagnostic codes
  + request for MassHealth data CPT codes by zip code for oral surgeon distribution
  + all payers claim base for private insurance
  + Map of dental Community Health Center (CHC) clinics and Accountable Care Organizations (ACO)
  + A map of MassHealth dentists by practice type and specialty (WSD)
    - A need to create a distribution map of providers by specialty and provider race (WSD)

* A new workforce model, “Advanced Dental Hygiene Practitioner,” was discussed.
  + RDH training plus 15-18 months focused mainly on restorative care
  + Similar to nurse practitioner
  + Where they can practice
  + If the data shows a shortage of specialists, the Commission can make recommendations
* Ask for the distribution of specialists in the state (WDS)
* Need to determine which MassHealth providers serve patients under 21 years old versus those that serve adults (21+)
  + Recommend adding a question to the workforce survey to assess which age groups MassHealth providers serve
  + Review MassHealth data to determine which MassHealth providers see a small number of MassHealth patients versus a significant number
* There is a need to streamline the Board of Registration in Dentistry process for becoming a PHDH (Public Health Dental Hygienist)
  + The reasons why RDHs were leaving dentistry were discussed from HPI data, including childcare, treatment by peers, burnout, risk
* Limited licensed dentist data is needed because they do not fill out a survey and they apply for a license yearly –
  + The number of providers, where they work, number of hours and how they can impact areas of need
  + The Board of Registration in Dentistry does not have additional information on LLDs, only the number of licenses. They can only work in public health settings, CHC, dental clinics, hospitals, or prisons.
  + LLD has two categories:
    - Foreign-trained dentists practicing dentistry at a CHC. The Massachusetts League of Community Health Centers (MLCHC) may have demographic information on LLDs
    - foreign-trained dentists who graduated from dental school and are here to do a post-graduate residency program at Boston University, Tufts, or Harvard and have faculty positions at one of these dental schools.
* Data about specific patient needs were requested, such as where the foster children and folks with special health care needs are living. (WDS) and (Pp)
  + Request to track oral health of children in foster care.
  + Request the Department of Children and Families (DCF) to report annual dental visits (aggregate report)
    - Children vs. young teenagers
* Supply and demand of dental providers were discussed
  + Need to look at capacity
  + We need to consider if demand is part of this group’s work
  + The Health Policy Commission (HPC) has Emergency Department (ED) data by geography
* A request for the HPC methodology for ED visits to be updated with more recent data including the All-Payer Claims Database (APCD) if possible
* Request for the number and total cost of non-traumatic injury visits for the ED across the state of MA
  + The HPC reported this information in 2019 by race, ethnicity, insurance type, and age. The challenge is that ED data is not coded correctly to gather this information.
  + Dental Quality Alliance (DQA) has one of these as a measure (this is publicly available information)
* A potential data request for the specific names of dentists and locations for potential PHDH collaborative dentists was recommended from the licensure renewal survey responses
  + Recommend adding to the renewal survey a note for dentists who show an interest in being a collaborative dentist that states DPH is interested in creating a list of dentists interested in working with PHDHs as collaborative dentists and asks if they would be willing to be named on a list.
  + The MA Dental Hygiene Association requested this from the Office of Oral Health in the past
  + Who oversees this survey, creates the questions, and owns this information? Is it a policy change to collect additional information?
* Dentist survey and all claims databases are not mandatory to report
* The Center for Health Information and Analysis (CHIA) suggests requesting data on – staffing, including vacancy rates, racial composition, turnover rates, challenges to recruiting and retaining strategies to resolve, and impacts of staffing shortages on patient care.
  + CHC data includes dentists and dental assistant workforce data
  + Data about residents’ oral health needs and access to care
* What is our job as part of the Workforce Subcommittee? Is it to make recommendations on workforce data, where those workforce shortage areas are, and how to improve it?
* Assignments for Subcommittee in preparation for the next meeting on Friday, February 7
  + Complete individual worksheet for data requests
  + Office of Oral Health to share presentation and survey questions to support development of data requests
  + We may not have time to review all the data, consider the following points for recommendations:
    - Start by thinking about policy changes and questions on the workforce survey
    - How to engage more dentists in underserved communities (this could mean increasing the number of MassHealth providers or getting more providers in Western MA)
    - Increasing workforce to include LLC practicing as dental hygienists, increase PHDHs, and implement a faster licensing process
    - There currently is not dental assistant licensure survey to gather data on DA’s
      * How do we increase the number of dental assistants in MA.
      * According to the Massachusetts Dental Society, there are 9000 dental assistants in MA.
      * Where are they located throughout the state
      * Where are they practicing

*Michelle Henshaw left the meeting at 1:10 pm.*

* Discussion from member of the subcommittee to note there is no need to recommend LLD to practice as dental hygienist because it is already a law, the subcommittee should speak to the regulation related to this new licensure.
  + The amendment language requires a certificate from their home country and a letter of good standing, which is difficult for LLD’s to get
  + Changing regulations requires a public hearing; licensure is not independent. It will take time for The Board of Registration in Dentistry to create a workgroup specific to this.
* CHIA will share a link to the subcommittee on the publicly available workforce dashboard.

*Catherine Hayes left the meeting at 1:27 pm.*

**V. Adjourn**

DISCUSSION

None.

ACTION

Motion at 1:29 by Barbara Young to adjourn the meeting, seconded by Nithya Ramesh, and unanimously approved by roll call vote as follows:

#Approve: 8

1. Chair: Abdullaibrahim Abdulwaheed
2. Hussam Batal
3. Alec Eidelman
4. Marcy Foreman
5. Emma Lawson
6. Catherine Nwachukwu
7. Nithya Ramesh
8. Barbara Young

# Absent: 2

1. Catherine Hayes
2. Michelle Henshaw

# Recused: 0

# Abstained:0

*Let the record show that the meeting adjourned at 1:30 PM.*