

WISCONSIN ORAL HEALTH COALITION

Dental Hygiene Practice Settings Best Practices

The Wisconsin Oral Health Coalition asks that you complete this submission form to inform Wisconsinites about dental hygiene practice in alternative settings.

In June 2017, Governor Scott Walker signed Act 20 into law. Prior to 2017, dental hygienists in Wisconsin could practice dental hygiene without authorization or oversight of a dentist in three settings: schools, local public health departments, and dental and dental hygiene schools. This bill allows this same level of care to occur in additional settings such as nursing homes, hospitals, day care centers and physician’s offices. This paves the way for innovative strategies to bridge and strengthen the connections between medicine and dentistry here in Wisconsin.

The Wisconsin State Legislature grants the Dental Examining Board the authority to disseminate rules in [Wis. Stat. 447.02](http://docs.legis.wisconsin.gov/statutes/statutes/447/058). The Dentistry Examining Board has the authority to author and edit Wisconsin Administrative Code [DE](http://docs.legis.wisconsin.gov/code/admin_code/de).

Please provide a more detailed description of your successful implementation of Act 20 by fully completing this form. Expand the submission form as needed but within any limitations noted.

**NOTE: Please use Calibri 10 font.**

|  |
| --- |
| **SECTION I: CONTACT PERSON PREPARING THE SUBMISSION** |

|  |
| --- |
| **Name:** **Title:** **Agency/Organization:** **Address:** **Phone:** **Email Address:**  |

|  |
| --- |
| **PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM** |

|  |
| --- |
| **Name:** **Title:** **Agency/Organization:** **Address:** **Phone:** **Email Address:**  |

|  |
| --- |
| **SECTION I: DETAILED ACTIVITY DESCRIPTION** |

Provide detailed narrative about the dental hygiene practice setting activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it is being done. References and links to information may be included.

\*\*Complete using Calibri 10 font.

**Rationale and History of the Activity:**

1. What were the key issues that led to the initiation of this activity?
2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?
3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

The sections below follow a logic model format. For more information on logic models visit: [W.K. Kellogg Foundation: Logic Model Development Guide](http://www.exinfm.com/training/pdfiles/logicModel.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
| INPUTS | PROGRAM ACTIVITIES | OUTPUTS | OUTCOMES |

1. What resources were needed to carry out the activity? (If a bullet below does not apply to you, please indicate with N/A)
* Mobile dentistry registration
* Equipment
* Creating a limited liability company (LLC) or nonprofit (501(c)3)
* Insurance/credentialing
* Billing

|  |  |  |  |
| --- | --- | --- | --- |
| INPUTS | **PROGRAM ACTIVITIES** | OUTPUTS | OUTCOMES |

1. Please provide a detailed description of the key aspects of the activity, including the following: population served, where services are provided and health records collection methods.

|  |  |  |  |
| --- | --- | --- | --- |
| INPUTS | PROGRAM ACTIVITIES | OUTPUTS | OUTCOMES |

1. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| INPUTS | PROGRAM ACTIVITIES | OUTPUTS | **OUTCOMES** |

1. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
* How outcomes are measured
* How often they are/were measured
* Data sources used
* Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

**Budgetary Information:**

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?
2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)
3. How is the activity funded?
4. What is the plan for sustainability?

**Lessons Learned and/or Plans for Addressing Challenges:**

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?
2. What challenges did the activity encounter and how were those addressed?

**Available Information Resources:**

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.