



Dental Public Health Activities & Practices

Practice Number: 08004
Submitted By: University of Connecticut School of Dental Medicine and
 Connecticut Department of Public Health
Submission Date: March 2007
Last Updated: March 2007

SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: Connecticut Mandatory Continuing Education in Special Care Dentistry		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Policies Assurance – Access to Care and Health System Interventions		
Healthy People 2010 Objectives: 21-10 Increase utilization of oral health system 21-11 Increase utilization of dental services for those in long-term facilities		
State: Connecticut	Federal Region: Region I Northeast	Key Words for Searches: Continuing dental education, licensure, special needs, access to care
Summary: <p>In 2005, the State of Connecticut mandated that dentists take 25 hours of continuing education (CE) every two years as a condition of re-licensure. As part of the 25-hour of CE, at least one hour of CE is required in each of five specified areas: (1) infectious diseases, (2) access to care, (3) risk management, (4) care of special needs patients; and (5) domestic violence. Dentists may take courses from CE providers recognized by the Council on Dental Accreditation. On-line courses are also acceptable from appropriate sources. The required CE area in the care of special needs populations is intended to “increase the sensitivity and willingness of dentists to treat special needs patients that may lead to improve access to care for the vulnerable population.” This was one of the recommendations of the Commissioner of Public Health’s ad hoc committee to improve the access to and quality of oral health care in the state of Connecticut. It is anticipated that this requirement will raise the awareness of special need populations among dentists and improved their clinical skills to care for people with special needs. In the first year that the CE requirement was in effect, the Connecticut State Dental Association provided a course on special needs population to all participants at its 2006 annual meeting. Approximately 500 dentists attended the course. It will take time to evaluate if the CE requirement will increase the dentists’ willingness to treat special needs patients and improve access to care for this vulnerable population in Connecticut.</p>		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

As a result of widespread concern about the access-to-dental care problem, in 1993 the Connecticut Oral Health Initiative (COHI) was established as a committee of the Connecticut State Dental Association (CSDA) and in 2003 became a free-standing non-profit organization (<http://www.ctoralhealth.org/aboutus.html>). COHI is a broad-based coalition of health professionals, business and community leaders dedicated to improving Connecticut's systems for providing oral health care. Its mission: "Through advocacy, coalition building, and education, the COHI creates a public conscience that results in access to oral health care for all."

Due to the efforts of COHI members and other oral health advocates, the General Assembly enacted Special Act No. 04-7 during the 2004 legislative session, which required the Commissioner of Public Health to establish an ad hoc committee to propose possible statutory changes that would improve the access to and quality of oral health care in the state of Connecticut, particularly to persons who are underinsured, uninsured or on Medicaid.

The ad hoc committee was established in 2004, under the auspices of the Connecticut Department of Public Health. The committee prepared a Report to the General Assembly titled: **An Act Concerning Access to Oral Health Care** (http://www.dph.state.ct.us/Publications/BCH/Family%20Health/oral_health_report_%2012_22_04.pdf). One of the report recommendations was "...mandating continuing education for dentists as a condition for license renewal, to encourage maintenance of current skills and increase the sensitivity and willingness of dentists to treat special needs patients."

In 2005, the state legislature passed Public Act 05-213, An Act Concerning Access to Oral Health Care (<http://www.cga.ct.gov/2005/act/Pa/2005PA-00213-R00HB-06819-PA.htm>). The Act made changes to the state Dental Practice Act and added a new Section 11 which instituted, for the first time in Connecticut, mandatory continuing education (CE) for dentists as a condition of re-licensure.

The law required that at the time of re-licensure, dentists must have taken 25 contact hours of CE in the preceding 2 years. The CE must be in the "area of a dentist's practice" and it "must reflect the professional needs of the dentist". The law further specified that at least 5 of the 25 hours be in the following topic areas, with at least one contact hour devoted to each:

- Infectious diseases, including but not limited to AIDS and HIV
- Access to care
- Risk management
- Care of special needs patients; and
- Domestic violence, including sexual abuse

The law was implemented in October 2005; dentists whose license is due for renewal in 2007 will be the first to meet the new CE requirement.

Justification of the Practice:

The justification for implementing mandated CE in the care of patients with special needs, as recommended by the ad hoc Committee's Report to the General Assembly, is to *"...increase the sensitivity and willingness of dentists to treat special needs patients"*

Unfortunately, the Committee's Report did not expand on its CE recommendation for special needs patients such as documenting the access-care-care problem for people with special needs in the state or reporting the type of clinical skill deficiencies that limits a dentist's ability to care for special needs patients. Furthermore, the Report did not further address if a brief educational exposure (such as if a dentist took only the minimum required one-hour course for each license renewal period) or cumulative training (such as after several CE courses) will lead to increased acceptance of special needs patients in dental practices.

Inputs, Activities, Outputs and Outcomes of the Practice:

Inputs

The inputs required to implement this practice consist of (1) a supply of approved CE courses on the care of patients with special needs and (2) a system for documenting dentist compliance with the requirement at the time they apply for re-licensure.

Historically, CE courses on treating patients with special needs have not been offered frequently in Connecticut. However, there are experts in the field who are available to teach CE courses, such as the faculty at the University of Connecticut, School of Dental Medicine.

The Dental Commission of the Connecticut Department of Public Health will administer and incorporate CE documentation and compliance to its re-licensure protocols.

Activities

Dentists must meet the CE requirements, attend approved CE courses, maintain documentation that they attending the required CE courses, and provide evidence if requested by the Dental Commission.

Dentists may also take course from CE providers, such the state dental association, local dental societies, schools of dentistry, and other sources recognized by the Council on Dental Accreditation. On-line courses are also acceptable.

In the first year that the requirement was in effect, the Connecticut State Dental Association offered a course for the care of special needs patients at its 2006 annual meeting; a faculty member of the University of Connecticut, School of Dentistry presented. The course was videotaped and offered in DVD format to all local dental societies so they can make the course accessible to dentists who did not attend the annual meeting.

Outputs

Approximately five hundred (500) dentists attended the course for the care of special needs patients at the 2006 Connecticut State Dental Meeting.

How Connecticut dentists are meeting their CE requirements will not be known until they renew their licenses in 2007. There are plans to measure the following:

- The number of dentists who have taken approved CE courses in the care of patients with special needs each re-licensure period
- The number of CE courses offered in the care of patients with special needs each re-licensure period
- The number of CE hours in the care of patients with special needs taken by dentists each licensure period (average and distribution of CE hours)

Outcomes

The expected long-term outcome of this practice is that Connecticut dentists will provide more services to patients with special needs and improve access to care for this population. Since the program is new, evaluation of outcomes has not yet been planned.

Budget Estimates and Formulas of the Practice:

Changing the practice law requiring CE does not need staff for implementation or a program budget. There is cost to the state government (Connecticut Department of Public Health) to administer the new re-licensure process and to assure compliance to the CE requirement.

Lessons Learned and/or Plans for Improvement:

The Connecticut State Dental Association (CSDA) has taken leadership by providing a package of courses at its 2006 annual meeting to help dentists meet a significant portion of the mandatory CE requirements. CSDA is planning to have nationally renowned speakers for its 2007 meeting. Local dental societies are also involved in offering CE courses. The University of Connecticut, School of Dental Medicine is a good source of speakers for CE courses in the care of special needs patients.

Plans for improvement include a preliminary evaluation of the program to determine if the currently available special needs CE courses are meeting the needs of dentists or if additional courses need to be developed.

Available Information Resources:

The law which established mandatory CE and a summary of provisions of the law can be viewed at http://www.dph.state.ct.us/bch/oralhealth/statutes_regulations.html (links to: Fact Sheet on Continuing Education for Dentists and Public Act 05-213; An Act Concerning Access to Oral Health Care; Section 11. Continuing Education for Dentists)

A journal article describing state CE requirements for re-licensure is available:
Schleyer, TKL and Dodell, D. Continuing dental education requirements for re-licensure in the United States. J Am Dent Assoc 2005 136: 1450-1456

Additional journal articles concerning mandatory continuing education:

- Combs HR. CE: voluntary or mandatory? Dent Econ 1987;77(5): 37–40
- Malamed EH. Continuing education and renewal of the dental license: a conference. JADA 1970;80: 331–4
- Christensen GJ. Should continuing dental education be mandatory? J Colo Dent Assoc 1971;49(3): 18–21.
- Stross JK, Harlan WR. Mandatory continuing medical education revisited. Mobius 1987;7(1): 22–7
- Hanna E, Premi J, Turnbull J. Results of remedial continuing medical education in dyscompetent physicians. Acad Med 2000;75(2): 174–6
- Gunn IP. Regulation of health care professionals, Part 2: validation of continued competence. CRNA 1999;10(3): 135–41

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The new law requiring CE in the care of special needs patients for re-licensure will need time to determine if it increased the sensitivity and willingness of dentists to treat special needs patients. One process outcome of the new law is that approximately five hundred dentists attended a course for the care of special needs patients at the 2006 Connecticut State Dental Meeting.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

The efficiency of the requiring CE for re-licensure has not been measured because neither the benefits nor the cost of the practice are known.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The change in the practice law for dentists to renew their license implies sustainability at least until the CE mandate is revised again through law.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The new law has facilitated collaboration that include the Dental Commission of the Connecticut Department of Public Health (administering the re-licensure process), Connecticut State Dental Association and local dental societies in the state (offering CE courses), the University of Connecticut, School of Dental Medicine (faculty serving as experts/speakers). The new law has integrated training in the care for special needs patients into the dental licensing system.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

The practice addresses the HP 2010 objectives and the Call to Action by the Surgeon General to Promote Oral Health by enacting a policy that aims to improve access to care for persons with special needs.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

Nearly all states mandate CE for re-licensure of dentists; CE requirement varies among states with respect to number of CE hours and specific courses to be taken. Although many states require selected topic areas of CE (e.g., infection control) for re-licensure, it is not known how many states specifically mandate a course in the care of people with special needs.