

Alaska's SHARP Program
Recruitment & Retention Services for Alaska's Healthcare Workforce

DHAT Program and SHARP Program: Suggested Interface
Background, Proposal and Amendment Language

DHAT Supervision – Three Types

Community Health Aide Program Certification Board (CHAPCB) has Standards & Procedures. That Manual defines three (3) types of DHAT supervision

1. Direct Supervision: The dentist in the dental office personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide.
2. Indirect Supervision: The dentist is in the facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide.
3. General Supervision: The dentist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide.

Normal Coding Practice - with these types of Supervision

- Direct Supervision: Codes are entered “through the supervising dentist,” since the dentist is the one directly responsible for the treatment.
- Indirect and General Supervision: Codes are entered “through the DHAT” who provides the treatment.

Direct Supervision Requirements for a DHAT

- Initial Certification – Preceptorship – only happens once for every DHAT
 - 3 months or 400 Hours of Direct Supervision – whichever is longer
- Renewal of Certification – Due every 2 years
 - 80 Hours of Direct Supervision

In both instances the DHATs have to demonstrate competence to the satisfaction of the supervising dentist in each procedure for which they are certified.

With DHATs often stationed in remote locations, away from where supervising dentist is located, these hours of direct supervision often happen in large chunks (e.g. 1 week at a time) rather than being spread out. It would be impractical & inefficient to spread it out.

Examples of Impact on Supervising Dentist's Workload

Example: Dentist A has the potential to work 2080 hours in one year. If dentist A acquires 2 new DHATs into their program, they will need to complete 400 hours of direct supervision that first year during the shared preceptorship hours of the new DHATs. This would be **19% of Dentist A's FTE hours**.

In the following year, if the DHAT program is not expanding and all Dentist A has to do is maintain the existing 2 DHATs, then only 160 hours of direct supervision will be required. This would be only **8% of dentist A's FTE hours**. If there was only 1 practicing DHAT it would only be **4% of Dentist A's FTE hours**.

Example: There is another dentist, Dentist F, who works at a program where there are 2 existing DHATs and 2 new DHATs that are starting their preceptorship. Dentist-F will likely need to do 560 hours of direct supervision. This would be **27% of Dentist F's FTE hours**.

Proposed Change

Rationale: This role includes (1) clinical duties, (2) administrative duties, and (3) ongoing direct supervision of Dental Health Aide Therapist(s), at 4% to 30% of FTE.

Proposal: Amend the definition of "direct patient care" for Dentists who work in Tribal Health Organizations so as to include "DIRECT supervision" of DHATs (using CHAPCB Standards & Procedures definition of direct supervision).

MOA Amendment Language

This Amendment modifies the definition of Direct Care as related to dentists working at a program employing Dental Health Aide Therapists.

Direct Patient Care: This is the direct delivery of healthcare services to a patient (aka direct care), the occurrence of which is not mediated by others, including clinical supervisees.

For Dentists: Direct care also includes DIRECT supervision of Dental Health Aide Therapists as defined by the Community Health Aide Program Certification Board Standards and Procedures.